
SENATE BILL 6319

State of Washington

52nd Legislature

1992 Regular Session

By Senators Niemi, West, Wojahn and Bailey

Read first time 01/24/92. Referred to Committee on Health & Long-Term Care.

1 AN ACT Relating to the placement of people with disabilities;
2 amending RCW 72.23.025; adding a new section to chapter 72.23 RCW; and
3 declaring an emergency.

4 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

5 **Sec. 1.** RCW 72.23.025 and 1989 c 205 s 21 are each amended to read
6 as follows:

7 (1) It is the intent of the legislature to improve the quality of
8 service at state hospitals, eliminate overcrowding, and more
9 specifically define the role of the state hospitals. The legislature
10 intends that eastern and western state hospitals shall become clinical
11 centers for handling the most complicated long-term care needs of
12 patients with a primary diagnosis of mental illness. Over the next six
13 years, their involvement in providing short-term (~~and~~) acute care,
14 and less complicated long-term care shall be diminished in accordance

1 with the revised responsibilities for mental health care under chapter
2 71.24 RCW. To this end, the legislature intends that funds
3 appropriated for mental health programs, including funds for regional
4 support networks and the state hospitals be used for persons with
5 primary diagnosis of mental illness. To the extent that persons with
6 developmental disabilities, head injury, AIDS, dementia, or other
7 disorders are treated by state hospitals, the legislature intends that
8 the secretary allocate funds from separate appropriations to help
9 support their care. The legislature finds that establishment of the
10 eastern state hospital board, the western state hospital board, and
11 institutes for the study and treatment of mental disorders at both
12 eastern state hospital and western state hospital will be instrumental
13 in implementing the legislative intent.

14 (2)(a) The eastern state hospital board and the western state
15 hospital board are each established. Members of the boards shall be
16 appointed by the governor with the consent of the senate. Each board
17 shall include:

18 (i) The director of the institute for the study and treatment of
19 mental disorders established at the hospital;

20 (ii) One family member of a current or recent hospital resident;

21 (iii) One consumer of services;

22 (iv) One community mental health service provider;

23 (v) Two citizens with no financial or professional interest in
24 mental health services;

25 (vi) One representative of the regional support network in which
26 the hospital is located;

27 (vii) One representative from the staff who is a physician;

28 (viii) One representative from the nursing staff;

29 (ix) One representative from the other professional staff;

30 (x) One representative from the nonprofessional staff; and

1 (xi) One representative of a minority community.

2 (b) At least one representative listed in (a) (viii), (ix), or (x)
3 of this subsection shall be a union member.

4 (c) Members shall serve four-year terms. Members of the board
5 shall be reimbursed for travel expenses as provided in RCW 43.03.050
6 and 43.03.060 and shall receive compensation as provided in RCW
7 43.03.240.

8 (3) The boards established under this section shall:

9 (a) Monitor the operation and activities of the hospital;

10 (b) Review and advise on the hospital budget;

11 (c) Make recommendations to the governor and the legislature for
12 improving the quality of service provided by the hospital;

13 (d) Monitor and review the activities of the hospital in
14 implementing the intent of the legislature set forth in this section;

15 (e) Report periodically to the governor and the legislature on the
16 implementation of the legislative intent set forth in this section;
17 ((and))

18 (f) Consult with the secretary regarding persons the secretary may
19 select as the superintendent of the hospital whenever a vacancy occurs;
20 and

21 (g) Approve applications for and the receipt of federal funds or
22 private funds by the institutes established under subsection (4) of
23 this section. Such approvals shall be granted if the boards find that
24 the application or receipt of funds by the institute will directly
25 impact the state hospitals or community service providers in providing
26 better care and support of those who are acutely mentally ill,
27 chronically mentally ill, or emotionally disturbed as defined in
28 chapter 71.24 RCW.

29 (4)(a) There is established at eastern state hospital and western
30 state hospital, institutes for the study and treatment of mental

1 disorders. The institutes shall be operated by joint operating
2 agreements between state colleges and universities and the department
3 of social and health services. Until July 1, 1995, the institutes
4 ((are intended to)) primary mission is to assist with the training of
5 community service providers and state hospital staffs, and to help
6 develop clinical treatment programs to support implementation of
7 regional support networks and the changing role of the state hospitals.
8 After that time the institutes are intended to conduct training,
9 research, and clinical program development activities that will
10 directly benefit mentally ill persons receiving treatment in Washington
11 state by performing the following activities:

12 (i) Promote recruitment and retention of highly qualified
13 professionals at the state hospitals and community mental health
14 programs;

15 (ii) Improve clinical care by exploring new, innovative, and
16 scientifically based treatment models for persons presenting
17 particularly difficult and complicated clinical syndromes;

18 (iii) Provide expanded training opportunities for existing staff at
19 the state hospitals and community mental health programs;

20 (iv) Promote bilateral understanding of treatment orientation,
21 possibilities, and challenges between state hospital professionals and
22 community mental health professionals.

23 (b) To accomplish these purposes the institutes may, within funds
24 appropriated for this purpose:

25 (i) Enter joint operating agreements with state universities or
26 other institutions of higher education to accomplish the placement and
27 training of students and faculty in psychiatry, psychology, social
28 work, occupational therapy, nursing, and other relevant professions at
29 the state hospitals and community mental health programs;

1 (ii) Design and implement clinical research projects to improve the
2 quality and effectiveness of state hospital services and operations;

3 (iii) Enter into agreements with community mental health service
4 providers to accomplish the exchange of professional staff between the
5 state hospitals and community mental health service providers;

6 (iv) Establish a student loan forgiveness and conditional
7 scholarship program to retain qualified professionals at the state
8 hospitals and community mental health providers when the
9 ((~~superintendent~~)) secretary has determined a shortage of such
10 professionals exists.

11 (c) Notwithstanding any other provisions of law to the contrary,
12 the institutes may enter into agreements with the department or the
13 state hospitals which may involve changes in staffing necessary to
14 implement improved patient care programs contemplated by this section.

15 (d) The institutes are authorized to seek and accept public or
16 private gifts, grants, contracts, or donations to accomplish their
17 purposes under this section, subject to the approval of the boards as
18 provided in this section.

19 (5) The department shall review the diagnoses and treatment history
20 of hospital patients and create a plan to locate inappropriately placed
21 persons into medicaid reimbursable nursing homes or other nonhospital
22 settings. The plan shall be submitted to the legislature by June 30,
23 1990.

24 NEW SECTION. **Sec. 2.** A new section is added to chapter 72.23 RCW
25 to read as follows:

26 The secretary shall develop a system of payments or other
27 incentives to discourage the inappropriate placement of the
28 developmentally disabled, those with head injury, dementia, AIDS, those
29 suffering the effects of substance abuse, or those with similar

1 ailments at the state hospitals, whether or not a mental disorder is
2 associated with their illness, and to encourage their care in community
3 settings or on state hospital or residential habilitation center
4 grounds. The system shall be similar to that used in contracts with
5 regional support networks to limit their use of the state hospitals.

6 Under the system, state, local, or community agencies shall be
7 given financial or other incentives to develop appropriate community
8 care arrangements. However, if it is determined that care on state
9 hospital grounds is appropriate, the secretary shall condition such
10 care on payments from appropriate nonmental health program budgets
11 within the department. The payments shall be adequate to support
12 additional care that the superintendents may determine are needed for
13 these persons, after consultation with experts and the boards.

14 The secretary may establish specialized care programs for persons
15 described in this section on the grounds of the state hospitals. Such
16 programs may operate according to professional standards that do not
17 conform to existing federal or private hospital accreditation
18 standards.

19 NEW SECTION. **Sec. 3.** This act is necessary for the immediate
20 preservation of the public peace, health, or safety, or support of the
21 state government and its existing public institutions, and shall take
22 effect immediately.