

# SENATE BILL REPORT

## EHB 2107

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As Reported by Senate Committee On:  
Human Services, Mental Health & Housing, March 27, 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, 3/27/17 [DPA-WM].

### Brief Summary of Amended Bill

- Requires the Department of Social and Health Services to purchase a portion of the long-term involuntary treatment capacity provided to behavioral health organizations in state hospital bed allocations in willing community facilities.
- Requires development of certification standards for community long-term involuntary treatment facilities.
- Allows the entity responsible for the cost of care to designate a willing and available facility for a patient's long-term involuntary care.

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### SENATE COMMITTEE ON HUMAN SERVICES, MENTAL HEALTH & HOUSING

**Majority Report:** Do pass as amended and be referred to Committee on Ways & Means.

Signed by Senators O'Ban, Chair; Miloscia, Vice Chair; Darneille, Ranking Minority Member; Carlyle, Hunt, Padden and Walsh.

**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:

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- 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 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 Amended Bill:** DSHS must purchase a portion of the long-term involuntary treatment capacity allocated to BHOs and FIMCOs in willing community facilities. The state must increase its purchasing of community long-term involuntary treatment capacity over time. DSHS must establish rules for facility certification. Contracts must allow DSHS to obtain complete patient identification information and admission and discharge dates for patients served. Certified long-term involuntary treatment facilities must report to DSHS, until January 1, 2022, instances where a patient experiences an adverse event and hospital-based inpatient psychiatric service core measures.

DSHS and the Department of Health must confer with hospitals to review laws and regulations and identify changes to address care delivery and cost-effective long-term involuntary treatment for adults, which may be different from the requirements for short-term

hospitalization. DSHS must report its findings to the Select Committee for Quality Improvement in State Hospitals by November 1, 2017.

The entity responsible for the cost of care of a long-term involuntary patient may designate a willing certified facility or state hospital to provide long-term involuntary treatment after consultation with the facility providing current treatment. Prior authorization must not be required for such treatment. Designation of a treatment facility must not result in a delay of the transfer of the patient if there is an open bed available at either the state hospital or a certified facility.

**EFFECT OF HUMAN SERVICES, MENTAL HEALTH & HOUSING COMMITTEE AMENDMENT(S):**

- Requires DSHS to purchase long-term involuntary treatment capacity in willing community facilities.
- Requires development of certification standards for community long-term involuntary treatment facilities.
- Allows the entity responsible for the cost of care to designate a willing and available facility for a patient's long-term involuntary care.

**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 on Engrossed House Bill:** *The committee recommended a different version of the bill than what was heard.* 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.