

HOUSE BILL REPORT

ESB 6319

*As Reported By House Committee on:
Human Services
Appropriations*

Title: An act relating to the placement of people with disabilities.

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

Sponsor(s): Senators Niemi, West, Wojahn and Bailey.

Brief History:

Reported by House Committee on:
Human Services, February 27, 1992, DPA;
Appropriations, March 2, 1992, DPA(HS/APP)s.

**HOUSE COMMITTEE ON
HUMAN SERVICES**

Majority Report: *Do pass as amended.* Signed by 10 members: Representatives Leonard, Chair; Riley, Vice Chair; Winsley, Ranking Minority Member; Tate, Assistant Ranking Minority Member; Anderson; Brekke; Hargrove; Hochstatter; R. King; and H. Myers.

Staff: David Knutson (786-7146).

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).

A 1989 report by the Department of Social and Health Services 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.

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 committed 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. People with problems other than mental illness who are involuntarily committed are not assessed by specialists in the fields of developmentally disabled or chemically abused persons.

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 of Amended Bill:

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 disorders. Over time, their involvement in providing short-term acute care and less complicated long-term care will diminish in accord with the revised responsibilities for mental health care enacted by the Legislature in 1989.

The secretary will develop a system of more integrated service delivery, including 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. The system will 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 may receive financial or other incentives to develop appropriate community care arrangements for such persons. If care on state hospital grounds is appropriate, the secretary will condition such care on payments from appropriate nonmental health program budgets within the department.

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 and education and training activities will involve community mental health programs as well as the state hospitals. The institutes are 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.

Amended Bill Compared to Engrossed Bill: The requirement that the secretary of the Department of Social and Health Services allocate funds from nonmental health programs to pay the cost of state hospital care for developmentally disabled, chemically dependent, or brain injured persons is deleted. The secretary is required to develop an implementation strategy to discourage inappropriate placements at state mental hospitals and to provide incentives to serve people in community settings. Involuntary commitment assessments of developmentally disabled, chemically dependent, and senile people will be conducted by multidisciplinary teams.

Fiscal Note: Available.

Effective Date of Amended Bill: Sections 1 and 2 of this bill contain an emergency clause and take effect immediately. Section 3 shall take effect on July 1, 1993. If section 3 is not referenced in the omnibus operating budget by June 30, 1993, there is a null and void clause.

Testimony For: State mental hospitals are not equipped to handle many people who are involuntarily committed. Other service systems within the Department of Social and Health Services should contribute to the cost of care for their clients who also suffer from a mental disorder.

Testimony Against: None.

Witnesses: Steve Norsen, Doug Stevenson, Jean Wessman and Bernie Bucheit, Mental Health Coalition (pro); Thelma Struck, Sharon Stewart-Johnson and Tom Kearns, Department of Social and Health Services (pro with amendments); Tami Green, Patricia Gross and Judith Eliason, Nurses from Western State Hospital (pro); Ellie Menzies, Nurse (pro); Anne Shields, Department of Health (pro with amendments); and Frank Winslow, Alzheimer Society of Washington (neutral).

**HOUSE COMMITTEE ON
APPROPRIATIONS**

Majority Report: Do pass as amended by Committee on Human Services as such amendment is amended by Committee on Appropriations. Signed by 28 members: Representatives Locke, Chair; Inslee, Vice Chair; Spanel, Vice Chair; Silver, Ranking Minority Member; Morton, Assistant Ranking Minority Member; Appelwick; Belcher; Bowman; Braddock; Brekke; Carlson; Dorn; Ebersole; Ferguson; Fuhrman; Hine; Lisk; May; Nealey; Peery; Pruitt; Rust; H. Sommers; Sprenkle; Valle; Vance; Wang; and Wineberry.

Staff: John Woolley (786-7154).

Summary of Recommendation of Committee on Appropriations Compared to Recommendation of Committee on Human Services: The bill is amended to remove the requirement that a multidisciplinary treatment team review the affected clients' needs after their initial commitment. In addition, the requirement that the relevant service system assume responsibility for the care, planning, and funding for a person's needs is removed. As the null and void clause referenced only this section, it too was removed.

Fiscal Note: Available.

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

Testimony For: The community supports the bill and is concerned with the growing problem of the burden placed on the mental health system by clients who might be more appropriately served by other service systems.

Testimony Against: None.

Witnesses: Pat Thibedaux, Washington Community Mental Health Council; and Jean Wessman, Washington State Association of Counties.