

**FINAL BILL REPORT**

**2SSB 5667**

**C 262 L 91**

**SYNOPSIS AS ENACTED**

**Brief Description:** Assuring access to local evaluation and treatment facilities.

**SPONSORS:** Senate Committee on Ways & Means (originally sponsored by Senators Niemi, West, Vognild, Bailey, Stratton, Saling, McMullen, L. Smith, Skratek and Sutherland).

**SENATE COMMITTEE ON HEALTH & LONG-TERM CARE**

**SENATE COMMITTEE ON WAYS & MEANS**

**HOUSE COMMITTEE ON HEALTH CARE**

**HOUSE COMMITTEE ON APPROPRIATIONS**

**BACKGROUND:**

Under the 1989 mental health reform, groups of counties called regional support networks (RSNs) have entered contractual agreements with the state to assume increased responsibility for mental health services within discrete geographic areas. RSNs must make progress toward assuming responsibility for short term hospitalizations as part of their contracts with the state. On July 1, 1993, RSNs must assume responsibility for all short-term hospitalizations and provide the majority of such hospitalizations (at least 85 percent) locally. Most of this hospitalization is done in the psychiatric wards of local public or private hospitals.

Because of ratable reductions applied to state funding for hospitalization programs, local hospitals which accept state funded acute care patients now receive less than 40 percent of billed charges, while they receive more than 65 percent of billed charges for Medicaid funded patients needing the same care.

Some fear that long term inpatient care at the state hospitals will exceed physical capacity during the coming biennium. As part of their agreements with the state, RSNs may accept responsibility for the care of certain chronic patients, but there is no clear statutory mechanism to encourage this at the present time.

**SUMMARY:**

By November 1, 1991, RSNs must submit procedures and agreements to the state to assure local access to sufficient additional local evaluation and treatment facilities to meet

existing legal requirements, while reducing short-term admissions to state hospitals. These may include commitments to construct or operate facilities or agreements with local evaluation and treatment facilities regarding accepting RSN patients, transfers, discharge planning, psychiatric supervision, prospective payments and other specified elements.

By January 1, 1992 the Secretary of Social and Health Services must provide available funding to operate free standing evaluation and treatment facilities or for RSNs to contract with hospitals to assure access for RSN patients.

State contracts with RSNs may include agreements to provide periods of stable community living and work or other day activities for specific chronically mentally ill persons who have completed commitments at state hospitals for 90 days or 180 days or who have been residents at state hospitals for no less than 180 days within the previous year.

The bill is contingent upon funding in the budget.

**VOTES ON FINAL PASSAGE:**

Senate	47	0	
House	92	0	(House amended)
Senate	46	0	(Senate concurred)

**EFFECTIVE:** May 17, 1991