

FINAL BILL REPORT

ESB 6319

PARTIAL VETO

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SYNOPSIS AS ENACTED

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

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 support 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 as 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.

Funds appropriated for mental health programs, including funds for regional support networks (RSNs) and the state hospitals, are intended to be used for persons with primary diagnosis of mental disorder.

The Secretary of DSHS must develop a system to discourage the inappropriate placement of the developmentally disabled, those with head injury or AIDS, and those suffering the effects of substance abuse at the state hospitals, whether or not there is an associated mental disorder. 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 alternatives. DSHS must report to the appropriate legislative committees by December 1, 1992 with a plan to implement and fund the system.

The Secretary of DSHS is authorized to establish specialized care programs for persons with developmental disabilities, AIDS or substance abuse. 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.

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

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.

VOTES ON FINAL PASSAGE:

Senate	45	1	
House	97	0	(House amended)
Senate	47	0	(Senate concurred)

EFFECTIVE: July 1, 1992

Partial Veto Summary: The requirement that DSHS administer a fund to enhance contracts with RSNs that agree to provide periods of stable community living is removed. DSHS authority to include a factor beginning July 1, 1993, related to the use of state hospitals in the funding formula for RSNS is removed. The requirement that RSNs retain any savings achieved through reduction in the use of state or local hospital bed days or free standing evaluation and treatment facility bed days is removed. The requirement that DSHS seek federal waivers to facilitate RSN retention of savings and report to appropriate legislative committees is also removed. The requirement that RSN contracts include progress toward taking responsibility for crises response systems and the return to the community of long-term state hospital patients is removed. The requirement that DSHS report to appropriate legislative committees on using allowable Medicaid payment systems to support regionally managed mental health care is removed. Language repealing existing law which directs DSHS to cooperate with other departments of state government regarding mental health issues is removed. (See VETO MESSAGE)