

FINAL BILL REPORT

ESSB 6656

PARTIAL VETO C 37 L 16 E 1 Synopsis as Enacted

Brief Description: Concerning state hospital practices.

Sponsors: Senate Committee on Ways & Means (originally sponsored by Senators Hill, Hargrove, Ranker, Darneille, Parlette, Becker, Braun, Fain and Bailey).

Senate Committee on Ways & Means

Background: Western State Hospital, Eastern State Hospital, and the Child Study and Treatment Center are state hospitals designated by the state of Washington to care for persons with mental illness. The state hospitals treat court-committed patients who are civilly committed based on a mental disorder which causes the patient to present a likelihood of serious harm or to be gravely disabled, and patients who are forensically committed for psychiatric services related to criminal insanity and competency to stand trial. State hospital administration is overseen by the Department of Social and Health Services (DSHS).

Civil beds at Western State Hospital and Eastern State Hospital are distributed by providing bed allocations to each of the state's 11 regional support networks (RSN). An RSN is a county or group of counties which administers a treatment network that provides publically funded community mental health treatment to persons with a specific geographic area. State hospital bed allocations are determined by agreement or by a formula which weighs estimated incidence of mental illness within the geographic area and historical state hospital utilization patterns. An RSN is not charged for its use of the state hospital unless it exceeds its bed allocation.

In April 2015, forensic operations at the adult state hospitals were placed under the supervision of a court monitor appointed by the United States District Court for the Western District of Washington, based on a permanent injunction and finding that waiting times for forensic services are violating the constitutional due process rights of state hospital patients.

In November 2015, the Centers for Medicare & Medicaid Services (CMS) conducted a surprise inspection of Western State Hospital and cited the hospital with six notices of immediate jeopardy, placing the receipt of federal funding at risk. The immediate jeopardy notices cited staffing shortages, lack of active treatment hours, lack of appropriate infection controls, and an insufficient culture of safety. In response to this action, DSHS stopped or indefinitely postponed the opening of two funded wards at Western State Hospital, citing

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not a part of the legislation nor does it constitute a statement of legislative intent.

insufficient availability of staff to assure patient safety. The immediate jeopardy notices were abated with the submission of a corrective action plan which is currently undergoing revision between DSHS and CMS. A portion of the planned expansion of state hospital capacity has been diverted to an offsite facility which is projected to begin accepting patients in March 2016.

A psychiatric advanced registered nurse practitioner (psychiatric ARNP) is a nursing professional who has obtained a graduate degree and is licensed to take an expanded role in providing health care services, including the diagnosis of patients and prescription of legend drugs and controlled substances.

Starting April 1, 2016, the role of RSNs will be expanded to include community substance abuse treatment services and the RSNs will be referred to as behavioral health organizations (BHOs). Two counties in Southwest Washington will become an early adopter region, which means that publically funded community health services will be administered by managed care organizations which combine oversight of primary health care and behavioral health care.

Summary: The Governor's Behavioral Health Innovation Fund (Fund) is created in the state Treasury as an appropriated account under control of the Director of Office of Financial Management (OFM). DSHS may apply to OFM for the use of monies in the Fund for proposals to improve the functioning of the state hospital system. Proposals must be based on evidence-based practices, promising practices, or approaches that demonstrate quantifiable, positive results. Monies in the fund may be spent to improve quality of care, patient outcomes, patient and staff safety, or the efficiency of state hospital operations and must be authorized by the director of financial management.

A Select Committee on Quality Improvement in State Hospitals (Committee) is established. The Committee must meet at least quarterly, starting in April 2016. The membership must consist of:

- four members of the Senate, consisting of the chairs and ranking members of the Health Care Committee and Human Services, Mental Health & Housing Committee;
- four members of the House of Representatives, consisting of the chairs and ranking members of the Health Care and Wellness Committee and Judiciary Committee;
- one member, appointed by the Governor, representing OFM; and
- two nonvoting members, appointed by the Governor, consisting of the Secretary of DSHS and the Director of the Department of Labor and Industries or their designees.

The Committee must meet at least quarterly, starting in April 2016 and ending in July 2019. Primary staff support must come from OFM. Two cochairs must be elected by the Committee. DSHS must provide quarterly implementation progress reports to the Committee relating to key activities, critical milestones, deliverables, and policy implementation. The Committee must receive updates, monitor, and make recommendations concerning the state hospitals in the following areas:

- planning related to the appropriate role of the state hospitals in the state mental health system;
- recommendations for the use of moneys from the Fund;

- monitoring of process and outcomes regarding policies and appropriations passed by the Legislature; and
- reviewing findings by the Department of Health concerning the safety of state hospitals and compliance with recommended corrective actions.

OFM must hire an external consultant to examine the current configuration and financing of the state hospital system, and DSHS must contract for an academic or independent state hospitals psychiatric clinical care model consultant. These consultants must make recommendations to the Governor, Legislature, and Committee by October 1, 2016, which must be used to inform recommendations for use of monies in the Fund. Twenty-six areas of focus related to state hospital improvement are specified for these consultants.

DSHS must identify and discharge or divert at least 30 geriatric and long-term care patients at Western State Hospital who can safely be served in community settings to alternative placements. A twenty-bed reduction must be realized by July 1, 2016, with a reduction of 10 additional beds by January 1, 2017. The resources used to serve these beds must be reinvested within the state hospital system. DSHS must provide preliminary and follow-up reports on patient outcomes to the Legislature on December 1, 2016, and August 1, 2017.

Votes on Final Passage:

First Special Session

Senate	32	11
House	78	16

Effective: April 19, 2016 (Sections 3-6, 8 and 10)
 June 28, 2016
 July 1, 2018 (Section 15)

Partial Veto Summary: The Governor vetoed four sections of this bill. The vetoed sections would have 1) required DSHS to develop a detailed transition plan to implement changes to the financing structure for the utilization of state hospital civil beds that incentive community treatment and diversion; 2) established a procedure for DSHS to apply to use money in the Fund and restrict the usage of monies in the Fund to proposals based on evidence-based or promising practices that demonstrate quantifiable results and do not include compensation increases within the state hospitals; 3) required DSHS to implement policy improvements including a standardized acuity-based staffing model, a strategy to reduce unnecessary state hospital utilization, a program of safety training, a plan to fully use appropriated funding for enhanced service facilities, and an appeal process to resolve disputes between a behavioral health organization and the state hospital concerning a patient's readiness for discharge; and 4) required DSHS to create a job class series for psychiatric ARNPs and physician assistants allowing for reduced reliance on psychiatrist positions.