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SENATE BILL 6656

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State of Washington                      64th Legislature                      2016 Regular Session

By Senators Hill, Hargrove, Ranker, Darneille, Parlette, Becker, Braun, Fain, and Bailey

Read first time 02/11/16. Referred to Committee on Ways & Means.

1            AN ACT Relating to the reform of practices at state hospitals;  
2 amending RCW 71.24.016 and 71.24.045; adding a new section to chapter  
3 71.24 RCW; creating new sections; repealing RCW 71.24.310; and  
4 providing an effective date.

5 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

6            NEW SECTION.    **Sec. 1.**    A new section is added to chapter 71.24  
7 RCW to read as follows:

8            The legislature finds that the growing demand for state hospital  
9 beds has strained the state's capacity to meet the demand while  
10 providing for a sufficient workforce to operate the state hospitals  
11 safely. The legislature intends to incentivize behavioral health  
12 organizations and other entities under RCW 71.24.380 responsible for  
13 the community care of patients committed to the state hospitals to  
14 increase their utilization management efforts, develop additional  
15 capacity for hospital diversion, and safely serve complex clients in  
16 the community. These interests are best served by eliminating the  
17 state hospital bed allocations by July 1, 2017, for civil patients,  
18 and providing behavioral health organizations and other entities  
19 under RCW 71.24.380 with the state funds necessary to purchase an  
20 equivalent number of days of care at a state hospital. Such state  
21 funds may also be used to purchase beds in alternative locations, to

1 invest in community services, and to invest in diversion from  
2 inpatient care. In this way, behavioral health organizations and  
3 other entities under RCW 71.24.380 will be fully at risk for state  
4 hospital civil utilization for patients within their catchment areas,  
5 and any savings resulting from utilization reduction may be directly  
6 applied to the service of clients in the community.

7 **Sec. 2.** RCW 71.24.016 and 2014 c 225 s 7 are each amended to  
8 read as follows:

9 (1) The legislature intends that eastern and western state  
10 hospitals shall operate as clinical centers for handling the most  
11 complicated long-term care needs of patients with a primary diagnosis  
12 of mental disorder. It is further the intent of the legislature that  
13 the community mental health service delivery system focus on  
14 maintaining individuals with mental illness in the community. The  
15 program shall be evaluated and managed through a limited number of  
16 outcome and performance measures, as provided in RCW 43.20A.895,  
17 70.320.020, and 71.36.025.

18 (2)(a) The legislature intends to address the needs of people  
19 with mental disorders with a targeted, coordinated, and comprehensive  
20 set of evidence-based practices that are effective in serving  
21 individuals in their community and will reduce the need for  
22 placements in state mental hospitals. The legislature further intends  
23 ~~((to explicitly hold))~~ for behavioral health organizations  
24 ~~((accountable))~~ or similar entities under RCW 71.24.380 to be  
25 responsible for serving people with mental disorders within the  
26 boundaries of their regional service area ~~((and for not exceeding~~  
27 ~~their allocation of state hospital beds))~~.

28 (b) Therefore, the department shall charge behavioral health  
29 organizations or entities under RCW 71.24.380 for each day of care  
30 provided at a state hospital, while providing an opportunity for  
31 behavioral health organizations to capture savings by reducing their  
32 state hospital utilization and repurposing these funds to purchase  
33 alternative beds, diversion services, and effective community  
34 treatment. However, if a functional needs assessment or client  
35 history indicates that the primary financial responsibility for the  
36 community care needs of the patient after discharge will come from  
37 the state long-term care or developmental disability systems, the  
38 cost of the state hospital care must be charged to the state agencies  
39 which administer those systems.

1       **Sec. 3.** RCW 71.24.045 and 2014 c 225 s 13 are each amended to  
2 read as follows:

3       The behavioral health organization shall:

4       (1) Contract as needed with licensed service providers. The  
5 behavioral health organization may, in the absence of a licensed  
6 service provider entity, become a licensed service provider entity  
7 pursuant to minimum standards required for licensing by the  
8 department for the purpose of providing services not available from  
9 licensed service providers;

10       (2) Operate as a licensed service provider if it deems that doing  
11 so is more efficient and cost effective than contracting for  
12 services. When doing so, the behavioral health organization shall  
13 comply with rules promulgated by the secretary that shall provide  
14 measurements to determine when a behavioral health organization  
15 provided service is more efficient and cost effective;

16       (3) Monitor and perform biennial fiscal audits of licensed  
17 service providers who have contracted with the behavioral health  
18 organization to provide services required by this chapter. The  
19 monitoring and audits shall be performed by means of a formal process  
20 which insures that the licensed service providers and professionals  
21 designated in this subsection meet the terms of their contracts;

22       (4) Establish reasonable limitations on administrative costs for  
23 agencies that contract with the behavioral health organization;

24       (5) Assure that the special needs of minorities, older adults,  
25 individuals with disabilities, children, and low-income persons are  
26 met within the priorities established in this chapter;

27       (6) Maintain patient tracking information in a central location  
28 as required for resource management services and the department's  
29 information system;

30       (7) Collaborate to ensure that policies do not result in an  
31 adverse shift of persons with mental illness into state and local  
32 correctional facilities;

33       (8) Work with the department to expedite the enrollment or  
34 reenrollment of eligible persons leaving state or local correctional  
35 facilities and institutions for mental diseases;

36       (9) Work closely with the county designated mental health  
37 professional or county designated crisis responder to maximize  
38 appropriate placement of persons into community services; and

39       ~~(10) ((Coordinate services for individuals who have received  
40 services through the community mental health system and who become~~

1 ~~patients at a state psychiatric hospital to))~~ Manage the utilization  
2 of long-term civil commitment beds purchased at a state hospital or  
3 other facility by patients within the catchment area of the  
4 behavioral health organization who receive civil commitments and  
5 ensure ((they are transitioned)) that these patients efficiently  
6 transition into the community in accordance with RCW 71.24.016,  
7 mutually agreed upon discharge plans, and upon determination by the  
8 medical director of the state psychiatric hospital that they no  
9 longer need intensive inpatient care. If the behavioral health  
10 organization, other entity under RCW 71.24.380, or state agency  
11 division responsible for the community care needs of the patient and  
12 the state psychiatric hospital medical director are unable to reach a  
13 mutually agreed upon discharge plan within fourteen days of  
14 determination by any of these entities that a patient is no longer in  
15 need of intensive inpatient care, the case must be immediately  
16 appealed to the secretary or the secretary's designee for expeditious  
17 resolution.

18 NEW SECTION. Sec. 4. RCW 71.24.310 (Administration of chapters  
19 71.05 and 71.24 RCW through behavioral health organizations—  
20 Implementation of chapter 71.05 RCW) and 2014 c 225 s 40 & 2013 2nd  
21 sp.s. c 4 s 994 are each repealed.

22 NEW SECTION. Sec. 5. (1) The legislature finds that the  
23 psychiatric profession has undergone changes through the years and  
24 that the potential uses of psychiatric advanced registered nurse  
25 practitioners in institutional settings are currently being  
26 underutilized by the state hospitals.

27 (2) The department of social and health services must evaluate  
28 its current staffing structure and assignment of work to increase its  
29 use of psychiatric advanced registered nurse practitioners. To reduce  
30 vacancies and employee turnover, the department must hire psychiatric  
31 advanced registered nurse practitioners for vacant positions or to  
32 perform work and tasks that may be currently or historically  
33 performed by other job classifications and professions at the state  
34 hospitals.

35 (3) This section does not allow psychiatric advanced registered  
36 nurse practitioners to engage in activities that exceed their scope  
37 of practice.

1        NEW SECTION.    **Sec. 6.**    (1) The legislature finds that there are  
2 currently geriatric and long-term care patients at western state  
3 hospital who could safely be served in community settings if  
4 alternative placements are made available. The legislature intends to  
5 develop placements for these patients while reducing current demands  
6 on state hospital staff.

7        (2) The department of social and health services must identify  
8 and discharge at least thirty patients at western state hospital to  
9 alternative settings by October 1, 2016.

10       NEW SECTION.    **Sec. 7.**    (1) The legislature finds that safety at  
11 the state hospitals is a product of a variety of factors but that  
12 safety begins with the staff.

13       (2) The department of social and health services is directed to  
14 examine staffing patterns, best practices, and discrepancies in  
15 staffing practices between the state hospitals and prevailing  
16 business practices in other hospitals, and adjust staffing practices  
17 where appropriate. This process must include consideration and  
18 adoption, if appropriate, of factors such as:

19       (a) Movement towards consistent staffing between western state  
20 hospital and eastern state hospital, including average number of  
21 patients per ward and staffing patterns, unless a specific reason is  
22 identified in writing for maintaining differences;

23       (b) Employment of variable ward staffing based on the acuity of  
24 patient needs;

25       (c) Reduction of lengths of stay for patients at western state  
26 hospital and reduction of lengths of stay discrepancies for similar  
27 patients across the state hospitals;

28       (d) The effect of staffing practices on retention and morale for  
29 less senior state hospital employees; and

30       (e) Coordination of ward treatment activities to provide single  
31 lines of authority to determine patient care.

32       (3) The department of social and health services must report its  
33 progress to the appropriate committees of the legislature by December  
34 1, 2016.

35       NEW SECTION.    **Sec. 8.**    Sections 2 through 4 of this act take  
36 effect July 1, 2017.

1        NEW SECTION.    **Sec. 9.**    The department of social and health  
2 services shall submit a transition plan for the implementation of  
3 sections 1 through 4 of this act to the governor and the relevant  
4 fiscal and policy committees of the legislature by July 1, 2016.

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