

HOUSE BILL REPORT

HB 2107

As Reported by House Committee On: Health Care & Wellness

Title: An act relating to the addition of services for long-term placement of mental health patients in community settings that voluntarily contract to provide the services.

Brief Description: Concerning the addition of services for long-term placement of mental health patients in community settings that voluntarily contract to provide the services.

Sponsors: Representatives Schmick, Cody and Ormsby.

Brief History:

Committee Activity:

Health Care & Wellness: 2/17/17 [DPA].

Brief Summary of Amended Bill (As Amended by Committee)

- Directs the Department of Social and Health Services (Department) and behavioral health organizations to assess the capacity of community hospitals and evaluation and treatment facilities to become certified to provide long-term mental health placements and to contract with those hospitals and evaluation and treatment facilities that choose to provide such services.
- Requires that the Department contracts with behavioral health organizations specify the number of patient days of care to be provided in facilities certified to treat adults on 90- and 180-day inpatient involuntary commitment orders, including community hospitals and evaluation and treatment facilities.

HOUSE COMMITTEE ON HEALTH CARE & WELLNESS

Majority Report: Do pass as amended. Signed by 17 members: Representatives Cody, Chair; Macri, Vice Chair; Schmick, Ranking Minority Member; Graves, Assistant Ranking Minority Member; Caldier, Clibborn, DeBolt, Harris, Jinkins, MacEwen, Maycumber, Riccelli, Robinson, Rodne, Slatter, Stonier and Tharinger.

Staff: Chris Blake (786-7392).

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.

Background:

The Department of Social and Health Services (Department) contracts with behavioral health organizations to oversee the delivery of behavioral health services for persons with mental illness or substance use disorder. A behavioral health organization may be a county, group of counties, or a nonprofit or for-profit entity. Currently, eight of the nine behavioral health organizations are county-based, except for one which is operated by a private entity.

Behavioral health organizations are also responsible for the administration of community-based commitments and services under the Involuntary Treatment Act which governs the commitment of persons for involuntary mental health treatment if they pose a likelihood of serious harm or are gravely disabled due to a mental disorder. Inpatient commitments for 90 or 180 days of treatment take place at one of two state hospitals operated by the Department. Long-term inpatient care beds at the state hospitals are divided among all of the behavioral health organizations with a specific allocation to each behavioral health organization based on patient days of care. If a behavioral health organization exceeds its allocation of patient days of care at state hospitals, it must reimburse the Department for the excess days.

Summary of Amended Bill:

The Department of Social and Health Services (Department) must contract with behavioral health organizations to provide a certain amount of long-term inpatient treatment in the community, rather than at state hospitals. In addition to specifying the number of state hospital beds that a behavioral health organization is allocated, the Department contracts with behavioral health organizations must establish the number of patient days of care available at facilities certified to treat adults on 90- and 180-day inpatient involuntary commitment orders, including community hospitals and evaluation and treatment facilities. When applying to become a behavioral health organization, an entity must demonstrate the ability to contract for the minimum number of days of care in community hospitals and evaluation and treatment facilities, as specified by the Department.

The Department and behavioral health organizations must assess the capacity of community hospitals and evaluation and treatment facilities to become certified to provide long-term mental health placements and enter into contracts with those hospitals and evaluation and treatment facilities that choose to provide such services. Community hospitals and evaluation and treatment facilities are not required to become certified to provide such services.

The Department must adopt reporting requirements for facilities certified to provide long-term mental health placements so that the performance of the certified facilities may be monitored and compared with the performance of the state hospitals. The measures must align with data reported to the Select Committee on Quality Improvement in State Hospitals, including length of stay, outcomes after discharge, employee-related measures, and demographic information.

Amended Bill Compared to Original Bill:

The amended bill allows evaluation and treatment facilities to provide treatment to adults on 90- and 180-day involuntary commitment orders and contract with behavioral health organizations to provide that treatment to the same extent as community hospitals.

The amended bill allows hospitals, without having to contract or become certified, to treat adults who are subject to a 90- or 180-day involuntary commitment order if they are waiting for placement at the state hospital or a certified facility that voluntarily contracts to provide treatment to patients on a 90- or 180-day involuntary commitment order. It is clarified that the requirement that behavioral health organizations contract with facilities certified to provide long-term inpatient treatment in the community is only applicable to the extent that willing certified facilities are available.

The amended bill directs the Department of Social and Health Services to adopt reporting requirements for facilities certified to provide long-term mental health placements so that the performance of the certified facilities may be monitored and compared with the performance of the state hospitals. The measures must align with data reported to the Select Committee on Quality Improvement in State Hospitals, including length of stay, outcomes after discharge, employee-related measures, and demographic information.

Appropriation: None.

Fiscal Note: Not requested.

Effective Date of Amended Bill: The bill takes effect 90 days after adjournment of the session in which the bill is passed.

Staff Summary of Public Testimony:

(In support—from testimony on HB 1546, which is identical to HB 2107 except for the title, on January 31, 2017) While the state looks at how it would like to deliver behavioral health, hospitals that would like to offer long-term psychiatric services should be allowed the opportunity. This bill has proper safeguards to make sure that the hospital has capacity to provide this care. This bill will reduce the pressure on the state hospitals. Treatment is more effective when family members can participate in the care of a loved one and having these facilities in the community will facilitate family involvement. This is a way to reintegrate people in the community. It has become clear that the problems with the state hospitals are severe, including wait lists at all-time highs. When individuals cannot be served at the state hospitals this causes a *Trueblood v. Department of Social and Health Services* problem because individuals on 90- or 180-day treatment orders end up staying in short-term settings and those facilities cannot serve other patients which results in boarding patients on single-bed certifications or turning away mental health patients in crisis. The goal is to create new capacity, not to reinforce a problematic system.

The cost of expanded care cannot be absorbed within the existing behavioral health capitation rate. Any extended stay capacity needs to either be new money or shift money from the state hospital budget to the community mental health budget.

An amendment is needed to clarify that hospitals do not need to contract for these services when a patient is on a short-term commitment and is waiting to be transferred, but there is no long-term psychiatric care available. The bill should include free-standing evaluation and treatment facilities because they are already experienced with the population and in a position to provide extended care.

(Opposed) None.

Persons Testifying: Representative Schmick, prime sponsor; Chelene Whiteaker, Washington State Hospital Association; Seth Dawson, National Alliance on Mental Illness; and Ann Christian, Washington Council for Behavioral Health.

Persons Signed In To Testify But Not Testifying: None.