

SENATE BILL REPORT

2EHB 2107

As of February 21, 2018

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: Passed House: 3/01/17, 98-0; 5/25/17, 94-0; 1/22/18, 95-0.

Committee Activity: Human Services & Corrections: 2/20/18.

Brief Summary of Bill

- Directs the Department of Social and Health Services (DSHS) to assess the capacity of community hospitals and evaluation and treatment facilities (E&Ts) to become certified to provide treatment to adults on involuntary 90 and 180-day mental health placements, and to require behavioral health organizations (BHOs) to demonstrate the ability to contract with willing and able facilities that choose to provide such services.
- Requires that DSHS contracts with BHOs specify the number of patient days of care available in facilities certified to treat adults on involuntary 90 and 180-day mental health commitment orders, including community hospitals and E&Ts.
- Requires DSHS to establish reporting requirements for certified facilities who provide long-term mental health placements in order to monitor the performance of the certified facilities and compare them to the performance of the state hospitals.

SENATE COMMITTEE ON HUMAN SERVICES & CORRECTIONS

Staff: Keri Waterland (786-7490)

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 Involuntary Treatment Act (ITA) allows for the civil commitment of a person for involuntary inpatient mental health treatment if the person is found:

- to have a mental disorder;
- as a result of the mental disorder, to present a likelihood of serious harm or to be gravely disabled;
- to be unwilling to accept voluntary treatment; and
- there is no less restrictive alternative that will adequately meet the person's needs of health and safety.

DSHS contracts with BHOs to oversee the delivery of behavioral health services for persons with mental illness or substance use disorder in seven of the nine regional service areas (RSAs) established to provide coordinated regional systems of care. A BHO may be a county, group of counties, or a nonprofit or for-profit entity. Currently, five of the six BHOs are county-based, except for Pierce, which is operated by a private entity. Two RSAs, the Southwest Washington RSA and North Central RSA, are served by fully-integrated managed care organizations contracted through the Health Care Authority (HCA). A provision of law enacted in 2006 allows DSHS to enter into a performance-based contracts with BHOs to provide some or all of the BHOs allocation for long-term treatment under the ITA in the community instead of in a state hospital. Inpatient commitments for 90 or 180-day involuntary commitment orders occur at one of two state hospitals, Eastern State Hospital (ESH) or Western State Hospital (WSH), operated by DSHS. Long-term inpatient care beds at ESH and WSH are divided among the BHOs and managed care entities within the two fully-integrated RSAs with a specific allocation to each entity. If a BHO exceeds its allocation of patient days of care at a state hospital, it must reimburse DSHS for the excess days.

Summary of Bill: DSHS must enter into performance-based contracts with BHOs to provide some or all of the BHO's allocated long-term inpatient treatment capacity in the community rather than a state hospital, to the extent that willing certified facilities are available. The performance based contracts must specify 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. A BHO must demonstrate the ability to contract for a minimum number of days of care in community hospitals and E&Ts, as determined by DSHS.

DSHS must assess the capacity of community hospitals and E&Ts to become certified to provide long-term mental health placements, and enter into contracts with those community hospitals and E&Ts that choose to provide such services. Community hospitals and E&Ts are not required to become certified to provide such services.

DSHS must establish reporting requirements for certified facilities who provide long-term mental health placements, so that the performance of the certified facilities may be monitored and compared to 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.

Provisions are made to account for the transfer of agency responsibilities in the event that either House Bill 1388—including any later amendments or substitutes—or Senate Bill 5259—including any later amendments or substitutes—are signed by the Governor by the bill's effective date. Should either of those bills be signed, HCA would assume DSHS responsibilities with respect to the development of long-term inpatient treatment capacity at community hospitals and E&Ts.

Appropriation: None.

Fiscal Note: Requested on February 13, 2018.

Creates Committee/Commission/Task Force that includes Legislative members: No.

Effective Date: Ninety days after adjournment of session in which bill is passed.

Staff Summary of Public Testimony: PRO: Supportive of this bill because it keeps people close to families and jobs. It evaluates community capacity and requires contracts if available. Appreciate working on SB 6573 and working on a required integration to managed care and believe some pieces from that bill would be good here too. Higher per diem rates to work on acuity payments and appropriate reimbursement are needed. Need a language change to address the reporting provisions of this bill and measuring outcomes in certified facilities vs. a state hospital.

Persons Testifying: PRO: Representative Joe Schmick, Prime Sponsor; Lisa Thatcher, Washington State Hospital Association; Michael Hatchett, Washington Council for Behavioral Health.

Persons Signed In To Testify But Not Testifying: No one.