

FINAL BILL REPORT

SHB 2448

C 278 L 20
Synopsis as Enacted

Brief Description: Concerning enhanced services facilities.

Sponsors: House Committee on Health Care & Wellness (originally sponsored by Representatives Schmick, Chambers and Cody).

House Committee on Health Care & Wellness
Senate Committee on Health & Long Term Care
Senate Committee on Behavioral Health Subcommittee to Health & Long Term Care

Background:

Enhanced Services Facility.

Enhanced services facilities provide treatment and services to persons who do not have a medical need for acute inpatient treatment and have been determined by the Department of Social and Health Services (Department) to be inappropriate for placement in other licensed facilities because of complex needs that result in behavioral and security issues. Enhanced services facilities are licensed by the Department. Washington has four licensed enhanced services facilities with 52 beds.

Enhanced services facilities may only provide services to residents who are at least 18 years old. If an enhanced services facility serves any resident under 65 years old, the facility may not have more than 16 residents. A person may be admitted to an enhanced services facility if the person:

- requires either: (1) daily care by or under the supervision of a mental health professional, substance use disorder professional, or nurse; or (2) assistance with three or more activities of daily living;
- has: (1) a mental disorder or substance use disorder; (2) an organic or traumatic brain injury; or (3) a cognitive impairment that results in symptoms or behaviors requiring supervision and facility services; and
- has at least two of the following history- and behavior-related factors: (1) self-endangering behaviors that are frequent or difficult to manage; (2) aggressive, threatening, or assaultive behaviors that are frequent or difficult to manage and create a risk to the health or safety of residents or staff or a significant risk to property; (3) intrusive behaviors that put residents or staff at risk; (4) complex medication needs

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that include psychotropic medications; (5) a history or likelihood of unsuccessful placements in other facilities or a history of rejected applications to other facilities based on the person's behaviors, history, or security needs; (6) a history of frequent or protracted mental health hospitalizations; or (7) a history of offenses against a person or felony offenses creating substantial property damage.

An enhanced services facility may only admit residents whose needs can be safely and appropriately met through its staff, services, equipment, security, and building design.

Enhanced services facilities must assure that residents have several specified rights available to them. These rights include:

- adequate care and individualized treatment;
- the allowance of treatment by spiritual means through prayer;
- a reasonable choice of qualified health care providers for evaluation and treatment;
- the waiving of physician-patient privilege and psychologist-client privilege in proceedings regarding the administration of antipsychotic medications;
- personal rights related to clothing, personal purchases, storage space, visitors, telephone access, letter writing materials, decision making authority over the administration of antipsychotic medications, participation in treatment plans, authority to not have psychosurgery, contracts, and complaints to advocacy organizations;
- refusal of placement in an enhanced services facility; and
- appeals of decisions regarding eligibility for placement in an enhanced services facility.

Long-Term Care Resident Rights.

Residents of long-term care settings have specific rights that are common across settings. The rights apply to residents of assisted living facilities, adult family homes, veterans' homes, and nursing homes. The rights cover a broad range of topics, including self-determination, communication, access to clinical records, availability of services, management of financial affairs, privacy and confidentiality of personal and clinical records, expression of grievances, visitation, and personal possessions.

Summary:

The eligibility standards for admission to an enhanced services facility are modified in several respects. The eligibility requirements related to level of care needs no longer apply to persons under the care of a substance use disorder professional. The requirements related to the type of care needs remain substantially the same, but are modified to reference "behavioral health disorders," rather than "mental health" or "substance use disorders" separately. A new eligibility requirement is established to require that the person be assessed by the Department of Social and Health Services as needing the services of an enhanced services facility. The eligibility requirements related to the person having two or more behavior- and history-related factors are updated in several ways. First, the person must have been assessed as being medically and psychiatrically stable. In addition, the seven factors for admission are modified as follows:

- The three behavior-related factors that include self-endangering behaviors, aggressive or assaultive behaviors, and intrusive behaviors are eliminated and replaced with two more general behavior-related factors related to: (1) exhibiting serious challenging behaviors within the last year; and (2) requiring caregivers with training in providing behavioral supports to adults with challenging behaviors.
- The inclusion of psychotropic medications is removed from the factor related to the person having complex medication needs removes, and is replaced with the person's inability to manage their complex medications affecting their ability to live in the community.
- The two factors related to histories of unsuccessful placements or protracted mental health hospitalizations are generally unchanged, except that the unsuccessful placements may be based on the person's general needs, not just security needs.
- The factor related to a person's criminal history is eliminated.
- Two new factors are added related to: (1) the person residing at a state mental hospital or psychiatric unit of a hospital and being found ready to discharge; and (2) the person having a history of an inability to remain medically or psychiatrically stable for more than six months.

Terminology is updated to reflect the repealed admissions standards for enhanced services facilities.

The provision of treatment is removed from the scope of care provided by enhanced services facilities and is replaced with the provision of support or services to residents. Accordingly, references and definitions related to treatment and medical providers are removed. Each resident must receive an individualized behavior support plan, rather than treatment plan. Enhanced services facilities must have sufficient staff who are trained to provide the residents with appropriate care and support, rather than treatment. The care and support includes behavioral health support, rather than mental health and chemical dependency treatment, and supervision, rather than security. In addition, an enhanced services facility must have skilled nursing and support to acquire medical and behavioral health disorder services from local community providers, rather than have staff to provide medical or habilitative treatment at the facility.

The rights that are specific to residents of enhanced services facilities are removed and replaced with the same rights that are applicable to other long-term care settings. The Long-Term Care Ombuds is authorized to monitor enhanced services facilities to determine the extent to which their residents are able to exercise their rights.

Votes on Final Passage:

House	98	0
Senate	46	0

Effective: June 11, 2020