
SUBSTITUTE HOUSE BILL 2453

State of Washington

64th Legislature

2016 Regular Session

By House Judiciary (originally sponsored by Representatives Jinkins, Rodne, Cody, Schmick, Chandler, Dunshee, Muri, Kilduff, and Ormsby)

1 AN ACT Relating to improving oversight of the state hospitals;
2 adding a new chapter to Title 72 RCW; providing an effective date;
3 providing an expiration date; and declaring an emergency.

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

5 NEW SECTION. **Sec. 1.** It is the intent of the legislature that
6 the executive and legislative branches work collaboratively to
7 maximize access to, safety of, and the therapeutic role of the state
8 hospitals to best serve patients while ensuring the safety of
9 patients and employees.

10 The legislature is working with the executive branch to make
11 investments in the mental health system to ensure that patients get
12 the help they need in the most appropriate setting, to stabilize the
13 workforce of the state hospitals, to improve outcomes, and to respond
14 to court decisions related to single bed certifications and timelines
15 for competency services.

16 It is important to the state that fiscal investments result in
17 improvements in quality of care, patient outcomes, and safety and
18 that any restructuring represents strategic, proactive decisions to
19 improve care in our state hospitals.

1 NEW SECTION. **Sec. 2.** (1) A joint legislative executive
2 psychiatric state hospital collaborative task force is established,
3 composed of the following members:

4 (a) Four members of the senate, appointed by the president of the
5 senate, consisting of the chairs and ranking members of the committee
6 on health care and the committee on human services, mental health and
7 housing, or their successor committees;

8 (b) Four members of the house of representatives, appointed by
9 the speaker of the house of representatives, consisting of the chair
10 and ranking members of the committee on health care and wellness and
11 the committee on judiciary, or their successor committees;

12 (c) Six members, appointed by the governor, representing the
13 following:

14 (i) The secretary of the department of social and health services
15 or a designee;

16 (ii) The secretary of the department of health or a designee;

17 (iii) The director of the department of labor and industries or a
18 designee;

19 (iv) The director of the health care authority or a designee;

20 (v) A representative of the office of financial management; and

21 (vi) A representative of the governor's office.

22 (2) The governor or a designee shall select one task force member
23 to serve as cochair, and the task force shall choose the other
24 cochair from among the legislative members.

25 (3) The governor or a designee shall convene the initial meeting
26 of the task force.

27 (4) Meetings of the task force shall be open to the public and
28 shall provide an opportunity for public comment.

29 (5) Primary staff support for the task force must be provided by
30 the office of financial management, with assistance from the
31 department of social and health services, the department of health,
32 and the department of labor and industries. Additional staff support
33 may be provided by the office of program research and senate
34 committee services.

35 (6) The task force shall meet, at a minimum, on a quarterly basis
36 beginning April 2016, or as determined necessary by the task force
37 cochairs.

38 (7) The state agency members of the task force shall respond in a
39 timely manner to data requests from the cochairs.

1 (8) Legislative members of the task force must be reimbursed for
2 travel expenses in accordance with RCW 44.04.120. Nonlegislative
3 members are not entitled to be reimbursed for travel expenses if they
4 are elected officials or are participating on behalf of an employer,
5 governmental entity, or other organization. Any reimbursement for
6 other nonlegislative members is subject to chapter 43.03 RCW.

7 (9) The expenses of the task force must be paid jointly by the
8 senate and the house of representatives. Task force expenditures are
9 subject to approval by the senate facilities and operations committee
10 and the house of representatives executive rules committee, or their
11 successor committees.

12 NEW SECTION. **Sec. 3.** The task force shall receive updates,
13 monitor, and make recommendations to the governor, the office of
14 financial management, and the legislature in the following three
15 areas, with respect to the state hospitals:

16 (1) Long-term planning related to the appropriate role of the
17 state hospitals in the state's mental health system, as well as state
18 hospital structure, financing, staff composition, and workforce
19 development needs to improve the quality of care, patient outcomes,
20 safety, and operations of the state hospitals;

21 (2) Recommendations for the use of funds from the governor's
22 behavioral health innovation fund, taking into consideration the
23 information and recommendations provided by the consultants
24 identified in section 4 of this act and the quarterly implementation
25 progress reports provided in section 7 of this act; and

26 (3) Monitoring of process and outcome measures regarding the
27 implementation of policies and appropriations passed by the
28 legislature including, but not limited to, improved functioning in
29 the areas identified in section 6 of this act.

30 NEW SECTION. **Sec. 4.** (1) Long-term planning for the state
31 hospitals and recommendations for the use of funds from the
32 governor's behavioral health innovation fund under section 5 of this
33 act will be informed by the following consultants who shall make
34 recommendations to the governor, the legislature, and the task force
35 by October 1, 2016:

36 (a) The department of social and health services shall contract
37 for the services of an external psychiatric hospital performance
38 consultant to improve hospital performance. The consultant must

1 examine issues related to improving quality of care by creating a
2 sustainable culture of wellness and recovery, increasing
3 responsiveness to patient needs, reducing wards to an appropriate
4 size, and establishing a quality improvement infrastructure at the
5 state hospitals. The consultant shall assist the department of social
6 and health services with implementation of recommended changes.

7 (b) The office of the governor must contract for the services of
8 an external consultant who will examine the current configuration and
9 financing of the state hospital system, and work with the state
10 hospitals, local governments, community hospitals, mental health
11 providers, substance use disorder treatment providers, and other
12 providers, and behavioral health organizations to identify options
13 and make recommendations related to:

14 (i) Identification of which populations are appropriately served
15 at the state hospitals;

16 (ii) Identification of barriers to timely admission to the state
17 hospitals of individuals who have been court ordered to ninety or one
18 hundred eighty days of treatment under RCW 71.05.320;

19 (iii) Utilization of interventions to prevent or reduce
20 psychiatric hospitalization;

21 (iv) Optimization of continuity of care with community providers,
22 including but not limited to coordination with any community
23 behavioral health provider or evaluation and treatment facility that
24 has treated the patient immediately prior to state hospital
25 admission, and any provider that will serve the patient upon
26 discharge from the state hospital;

27 (v) Reduction of barriers to discharge, including options to:

28 (A) Ensure discharge planning begins at admission;

29 (B) Offer co-occurring substance use disorder treatment services
30 at the state hospitals;

31 (C) Clarify and hold accountable state hospitals and behavioral
32 health organizations for their respective roles in the discharge
33 planning process;

34 (D) Include contract performance measures related to timely
35 discharge planning in behavioral health organization contracts;

36 (E) Improve state monitoring and oversight of behavioral health
37 organizations in their contracted responsibilities for developing an
38 adequate network to meet the needs of their communities;

39 (F) Incentivize the use of community resources when clinically
40 appropriate; and

1 (G) Expedite discharge for individuals who are the responsibility
2 of the long-term care or developmental disability systems, or who are
3 not covered by medicaid, and assure financial responsibility to
4 appropriate systems, including the potential necessity of other
5 state-run facilities;

6 (vi) Planning for the long-term integration of physical and
7 behavioral health services, including strategies for assessing risk
8 for the utilization of state hospital beds to health plans contracted
9 to provide the full range of physical and behavioral health services;

10 (vii) Identification of the potential costs, benefits, and
11 impacts associated with dividing one or both of the state hospitals
12 into discrete hospitals to serve civil and forensic patients in
13 separate facilities; and

14 (viii) Development of alternative financing options for state
15 hospital services including options for shifting funding and
16 financial responsibility for bed days at the state hospitals to
17 behavioral health organizations or entities under RCW 71.24.380 and
18 the long-term care and developmental disabilities programs while
19 providing an opportunity for these entities to repurpose these funds
20 to purchase alternative beds, diversion services, and effective
21 community treatment. These options shall be developed to maximize
22 federal participation for treatment and address how federal matching
23 funds currently available through the disproportionate share hospital
24 program can be preserved.

25 (c) The department of social and health services shall contract
26 for the services of an academic or independent state hospitals
27 psychiatric clinical care model consultant to examine the clinical
28 role of staffing at the state hospitals. The consultant's analysis
29 must include an examination of the clinical models of care, current
30 staffing models, the use of interdisciplinary health care teams, and
31 the appropriate staffing model and staffing mix to achieve optimal
32 treatment outcomes considering patient acuity. To the extent that
33 funding is appropriated for this purpose and necessary modification
34 to labor practices are completed, the consultant shall assist the
35 department of social and health services with implementation of
36 recommended changes.

37 (2) The consultant services in this section shall be acquired
38 with funds appropriated for this purpose and are exempt from the
39 competitive solicitation requirements in RCW 39.26.125.

1 NEW SECTION. **Sec. 5.** The governor's behavioral health
2 innovation fund is hereby created in the state treasury. Moneys in
3 the fund may be spent only after appropriation. Only the director of
4 financial management or the director's designee may authorize
5 expenditures from the fund. Moneys in the fund are provided solely to
6 improve quality of care, patient outcomes, patient and staff safety,
7 and the efficiency of operations at the state hospitals.

8 NEW SECTION. **Sec. 6.** (1) The department of social and health
9 services may apply to the office of financial management to receive
10 funds from the governor's behavioral health innovation fund.

11 (2) The application must include proposals to increase the
12 overall function of the state hospital system in one or more of the
13 following categories:

14 (a) Instituting fund-shift pilot initiatives through contracts
15 with behavioral health organizations or long-term care providers
16 providing enhanced behavioral supports to move certain state hospital
17 patients to alternative placements outside of the state hospital,
18 contingent on federal funding. Proposals must include quality outcome
19 measures and acuity-based staffing models of interdisciplinary teams
20 designed for optimal treatment outcomes;

21 (b) Developing and utilizing step-down and transitional
22 placements for state hospital patients;

23 (c) Improving staff retention and recruiting;

24 (d) Increasing capacity and instituting other measures to reduce
25 backlogs and wait lists in both the civil and forensic systems;

26 (e) Increasing stability and predictability in the state
27 hospitals' operating costs and budgets;

28 (f) Making necessary practice and staffing changes, subject to
29 collective bargaining;

30 (g) Improving safety for patients and staff at the state
31 hospitals;

32 (h) Increasing staff training at the state hospitals;

33 (i) Improving the therapeutic environment at the state hospitals;

34 and

35 (j) Improving the provision of forensic mental health services.

36 (3) Application proposals must be based on the use of evidence-
37 based practices, promising practices, or approaches that otherwise
38 demonstrate quantifiable, positive results.

1 (4) Moneys from the governor's behavioral health innovation fund
2 may not be used to increase compensation within the state hospitals.

3 (5) The office of financial management must consider input from
4 the task force when awarding funding.

5 NEW SECTION. **Sec. 7.** The department of social and health
6 services must provide quarterly implementation progress reports to
7 the task force and the office of financial management that include at
8 a minimum:

9 (1) The status of completing key activities, critical milestones,
10 and deliverables over the prior period;

11 (2) Identification of specific barriers to completion of key
12 activities, critical milestones, and deliverables and strategies that
13 will be used for addressing these challenges;

14 (3) The most recent quarterly performance data on the performance
15 measures and outcomes identified by the task force, which shall
16 include, but are not limited to:

17 (a) Wait times for civil admission;

18 (b) Denial rates for civil admission and reasons for denial;

19 (c) Wait times for competency evaluation and restoration
20 services;

21 (d) Comparative average length of stay at the two state hospitals
22 for distinct subpopulations;

23 (e) Rates of recommitment under chapter 71.05 RCW within thirty
24 days of discharge;

25 (f) Rates of voluntary hospitalization within thirty days of
26 discharge;

27 (g) Rates of incarceration within thirty days of discharge;

28 (h) Rates of homelessness within thirty days of discharge;

29 (i) Percentage of patients receiving a service within seven days
30 after discharge;

31 (j) Quarterly rates of seclusions and restraints;

32 (k) Quarterly rates of patient-to-staff and patient-to-patient
33 assaults;

34 (l) Total number of hires and number of hires by job class;

35 (m) Percentage of hires that have exited employment;

36 (n) Sufficiency of staffing to meet the staffing model and
37 staffing mix identified by the psychiatric clinical care model
38 consultant in section 4 of this act;

1 (o) Scores on the department of social and health services'
2 employee satisfaction surveys;

3 (p) Outcomes on the department of social and health services'
4 culture of safety survey;

5 (q) Use of unscheduled leave and overtime;

6 (r) Increased attendance at communication forums;

7 (s) Other items as the task force requests; and

8 (4) The status of the adoption and implementation of the best
9 practice policies identified in section 8 of this act.

10 NEW SECTION. **Sec. 8.** The department of social and health
11 services must assure that the state hospitals have adopted and
12 implemented the following best practice policies, subject to the
13 availability of appropriated funding, and shall include information
14 regarding the status of the adoption and implementation of these
15 policies in its quarterly reports required under section 7 of this
16 act:

17 (1) A standardized acuity-based staffing model employed at both
18 facilities that recognizes the staffing level required based upon the
19 type of patients served, the differences and constraints of the
20 physical plant across hospitals and wards, and the full scope of
21 practice of all credentialed health care providers, and that
22 identifies the incorporation of these health care providers
23 practicing to the maximum extent of their credential in
24 interdisciplinary teams. The model shall recognize that advanced
25 registered nurse practitioners should have a role utilizing the full
26 scope of their practice;

27 (2) A strategy with measurable, articulated steps for reducing
28 the unnecessary utilization of state hospital beds and minimizing
29 readmissions to evaluation and treatment facilities for state
30 hospital patients;

31 (3) A program of appropriate safety training for state hospital
32 staff;

33 (4) A plan to fully use appropriated funding for enhanced service
34 facilities and other specialized community resources for placement of
35 state hospital patients with conditions such as dementia, traumatic
36 brain injury, or complex medical and physical needs requiring
37 placement in a facility which offers significant assistance with
38 activities of daily living. By July 1, 2016, the department of social
39 and health services must transition and divert enough patients from

1 western state hospital to reduce the demand for thirty beds currently
2 being used for this population. The resources being used to serve
3 these beds must be reinvested within the state hospital budget in
4 order to achieve other state hospital patient and staff safety
5 improvement goals identified in this chapter; and

6 (5) A process for appeal to the secretary of the department of
7 social and health services or the secretary's designee within
8 fourteen days in cases where a behavioral health organization, other
9 entity under RCW 71.24.380, or state agency division responsible for
10 the community care needs of the patient and the state hospital
11 treatment team are unable to reach a mutually agreed upon discharge
12 plan for patients who are considered by either party to be ready for
13 discharge. This process shall ensure consideration of risk factors
14 for readmission.

15 NEW SECTION. **Sec. 9.** For purposes of this chapter:

16 (1) "Behavioral health organization" has the same meaning as in
17 RCW 71.24.025 and includes any managed care organization that has
18 contracted with the state to provide fully integrated behavioral
19 health and physical health services for medicaid clients.

20 (2) "State hospitals" include western state hospital and eastern
21 state hospital as designated in RCW 72.23.020.

22 (3) "Task force" means the joint legislative executive
23 psychiatric state hospital collaborative task force created in
24 section 2 of this act.

25 NEW SECTION. **Sec. 10.** This chapter expires July 1, 2019.

26 NEW SECTION. **Sec. 11.** Sections 1 through 10 of this act
27 constitute a new chapter in Title 72 RCW.

28 NEW SECTION. **Sec. 12.** (1) Sections 1 through 7 and 9 of this
29 act are necessary for the immediate preservation of the public peace,
30 health, or safety, or support of the state government and its
31 existing public institutions, and take effect immediately.

32 (2) Section 8 of this act takes effect July 1, 2016.

--- END ---