



# Assisted Outpatient Treatment Pilot Program

Engrossed Substitute Senate Bill 6032; Section 213(2)(e); Chapter 299; Laws of  
2018

October 15, 2018





# Assisted Outpatient Treatment Pilot Program

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# Executive Summary

Engrossed Second Senate Bill (ESSB) 6032 provides funds to support the infrastructure for two pilot projects for assisted outpatient treatment in Washington State. One is located in Pierce County, serving urban communities, and the other is in Yakima County, serving rural communities.

As directed in ESSB 6032, Section 213 (5)(v), Health Care Authority is required to report on the overall outcomes of the two pilot projects. The proviso provides for:

“\$213,000 of the general fund—state appropriation for fiscal year 2019 is provided solely to fund one pilot project in Pierce County and one in Yakima County to promote increased utilization of assisted outpatient treatment programs. The authority shall require two behavioral health organizations to contract with local government to establish the necessary infrastructure for the programs. The authority shall provide a report by October 15, 2018, to the office of financial management and the appropriate fiscal and policy committees of the legislature to include the number of individuals served, outcomes to include reduced use of inpatient treatment and state hospital stays, and recommendations for further implementation based on lessons learned and best practices identified by the pilot projects.”

Since both programs recently launched in August 2018, this report is a preliminary summary of the pilot projects’ progress to date. The report reviews the infrastructure development that can support assisted outpatient treatment orders and related services. Outcome data will be available once the programs fully implement and can reflect on their progress to inform future recommendations. The legislature will receive the follow up report by October 15, 2019.

Assisted outpatient treatment uses a court order to provide behavioral health treatment to adults with severe mental illness or substance use disorder. Those receiving treatment in this way must meet specific criteria. This includes factors like a history of hospitalization, or individuals who did not participate in treatment in the past.

Both assisted outpatient treatment locations in Pierce and Yakima counties have made great strides to increase utilization of assisted outpatient treatment programs. With both locations launching in August 2018, notable progress includes partnering with key stakeholders (such as the county court), developing protocols, creating court order forms, and hiring coordinators. Another important step has been training designated crisis responders. These are county appointed mental health professionals who can petition the court to order individuals for treatment.

Assisted outpatient treatment embraces the idea that with earlier intervention, we can make a strong impact on the lives of individuals struggling with behavioral health issues. By connecting participants to the treatment they need earlier through a court order, assisted outpatient treatment is especially helpful to those facing the social and economic consequences of living with an untreated mental health or substance use disorder. With treatment, these same individuals can become positive forces for change in their communities.

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# Background

Assisted outpatient treatment dedicates local behavioral health systems to serve those with mental health and substance use disorders. At the same time, this process requires participants to dedicate themselves to their treatment plans. Treatment plans are highly individualized: participants and their behavioral health provider develop treatment plans together. Assisted outpatient participants also receive due process protections. Orders are made only after a hearing before a judge.

The Revised Code of Washington (RCW) 71.05.585 states that assisted outpatient treatment must include:

- Assignment of a care coordinator
- An intake evaluation with the treatment provider of the least restrictive alternative treatment
- A psychiatric evaluation
- A schedule of regular contacts with the provider of the less restrictive alternative treatment services for the duration of the order
- A transition plan addressing access to continued services at the expiration of the order
- An individual crisis plan
- Notification to the care coordinator if reasonable efforts to engage the client fail to produce substantial adherence with court-ordered treatment conditions

Assisted outpatient treatment may also include requirements to participate in the following services:

- Medication management
- Psychotherapy
- Nursing
- Substance abuse counseling
- Residential treatment
- Support for housing, benefits, education, and employment
- Peer support services

The Substance Abuse and Mental Health Services Administration (SAMHSA) supports assisted outpatient treatment as an evidence-based program. Assisted outpatient treatment is especially effective in supporting patients who have difficulty sticking to voluntary treatment. It is also a proactive way to address the treatment needs of individuals facing the social and economic consequences of living with a mental health and substance use disorder.



In order to demonstrate the need for court ordered assisted outpatient treatment, the petition to the court must demonstrate that as a result of a mental disorder or substance abuse disorder, a person:

1. Has been committed by a court to detention for involuntary behavioral health treatment during the preceding thirty-six months;
2. Is unlikely to voluntarily participate in outpatient treatment without an order for less restrictive alternative treatment, based on a history of non-adherence with treatment or in view of the person's current behavior;
3. Is likely to benefit from less restrictive alternative treatment; and
4. Requires less restrictive alternative treatment to prevent a relapse, decompensation, or deterioration that is likely to result in the person presenting a likelihood of serious harm or the person becoming gravely disabled within a reasonably short period of time.

Since the Involuntary Treatment Act in 1973 Washington State has often used what are called less restrictive alternative orders to provide outpatient treatment. A less restrictive alternative is a court order that occurs *at the end* of inpatient involuntary treatment. It requires an individual to participate in outpatient behavioral health treatment for up to 90, 180, or 365 days.

Less restrictive alternative orders assume the individual is likely to follow the recommendations of the court and respect the court's authority. However, these orders do not work well for those who are actively struggling with an untreated substance use disorder, or those who have refused to follow the recommendations of the court repeatedly.

In Washington State, assisted outpatient treatment is court ordered *before* individuals are detained for inpatient treatment. This order requires the individual to participate in outpatient treatment for up to 90 or 180 days. Previously, there were legal consequences in place for those who violated a less restrictive alternative court order, but no consequences for violating an assisted outpatient treatment order.

Not being able to detain an individual for violating a court order was a significant barrier for assisted outpatient treatment. This meant that many mental health professionals with the legal power to detain individuals were less likely to advocate for an assisted outpatient treatment order, even if it was a more effective option to support participation in treatment from the very beginning. Over the last five years, there has been an average of 3,314 less restrictive alternative orders a year compared to zero assisted outpatient orders.

A change in July 2018 to the statute now allows a person to be detained for violating an assisted outpatient order as well. According to the Treatment Advocacy Center, successful assisted outpatient treatment programs are a collaboration between local courts and publicly funded community behavioral health agencies. The foundation to success is a solid partnership and buy-in from the judge or judges who preside over the assisted outpatient process.

Assisted outpatient treatment provides for long-term care earlier in the treatment process. This earlier intervention can allow those who have been resistant to treatment in the past to live full lives and be active members of our families and community.

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# Progress to Date

Recognizing the impact of assisted outpatient treatment, the Legislature appropriated \$212,000 in state fiscal year 2018 and \$213,000 in state fiscal year 2019 to fund the necessary infrastructure for two pilot projects. One is located in Pierce County and one in Yakima County. The aim of these pilot projects is to promote increased use of assisted outpatient treatment programs. Funding is for infrastructure development only and not intended for services.

As part their state behavioral health contracts for 2018, the Health Care Authority requires Optum Pierce Behavioral Health Organization and Greater Columbia Behavioral Health Organization to implement assisted outpatient treatment programs. These contracts require both behavioral health organizations to submit their implementation plans, ongoing status updates, and quarterly data reports. An internal agency workgroup of subject matter experts met regularly to review status updates, facilitate collaboration between the behavioral health organizations and key partners, and to provide technical assistance as needed.

Below is a snapshot of each locations' progress as they work to promote increased use of assisted outpatient treatment programs as a tool for long-term recovery.

## Pierce County – Optum Pierce Behavioral Health

### Organization

Optum Pierce Behavioral Health (OPBHO) is ready to begin petitioning for assisted outpatient treatment orders as of August 2018. To date, they have had a number of meetings with superior court judges in Pierce County to explain the program and encourage their participation. In addition, OPBHO met with the designated crisis responders. These mental health professionals are able to assess and detain individuals with mental health and substance use disorders. It was crucial to connect with this group to provide them with support, necessary training, and to ensure that they were on board. In partnership with the designated crisis responders, OPBHO developed clear criteria and processes to help them identify at-risk individuals who would benefit from assisted outpatient treatment.

OPBHO has successfully partnered with a wide range of key stakeholders who can influence increased utilization of assisted outpatient treatment. This includes the Pierce County Court, crisis providers, designated crisis responders, and staff within their own organization. They have established the following key infrastructure:

1. **Establishing a case type.** Per the Pierce County Superior Court, a particular case type should be established or designated that specifically relates to assisted outpatient treatment.
2. **Assisted outpatient treatment forms and orders.** The designated crisis responder supervisor provided the court with copies of orders developed for assisted outpatient treatment used in other counties. Stakeholders proposed changes and agreed that the Department of Assigned Counsel should complete a final review of the forms and orders.

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3. **Assisted outpatient treatment protocols.** Similar to Felony Mental Health Court, protocols needed to be set around issues such as measuring an individual's progress, the frequency of review hearings, and protocols for family involvement.
4. **Target start date and follow up meetings.** The target start date was August 2018. After implementation, the court and staff meet monthly to discuss successes/failures and make any necessary changes.
5. **Coordinator to support pilot program.** Stakeholders agreed that the coordinator should be located at the court.

According to OPBHO, the main challenge in timely implementation has been addressing the Superior Court judges' concern that the program would negatively impact the court's work load, resources, and funding. OPBHO held additional meetings to address these concerns. After taking the time to discuss stakeholder concerns in-depth, all partners have a better understanding of the purpose and benefits of the pilot program.

To date, OPBHO has used the proviso funds to support a court coordinator, as well as subcontracting funds to the outpatient provider to maintain infrastructure for the program.

## Yakima County – Greater Columbia Behavioral Health Organization

The Greater Columbia Behavioral Health (GCBHO) began petitioning for assisted outpatient treatment orders July 2018. GCBHO along with Comprehensive Healthcare (the largest behavioral health provider in the area) already had an established collaborative relationship with the Yakima Superior Court. The providers held meetings to connect with additional stakeholders including the prosecuting attorney, assigned council, and the Commissioner.

GCBHO established the following key infrastructure:

1. **Training.** Developed and implemented training for the designated crisis responders.
2. **Assisted outpatient treatment forms and orders.** The designated crisis responder supervisor coordinated with the Yakima Superior Court to modify existing less restrictive alternative forms to align with assisted outpatient treatment requirements.
3. **Assisted outpatient treatment protocols.** Policies and procedures established specifically for assisted outpatient treatment.
4. **Coordinator to support pilot program.** Stakeholders agreed that a part time Care Coordinator for assisted outpatient treatment was required.

According to GCBHO, the main barrier in implementing the program has been recruiting a part time coordinator. In rural areas, workforce shortage is an ongoing reality. Another challenge is identifying individuals who meet the criteria for an assisted outpatient treatment order. Up until July 1, 2018, the criteria stated that an individual needed to be detained for involuntary behavioral health treatment at least twice during the past 36 months. After July 1, the law only requires one detention in a three-year period.



To date, GCBHO has subcontracted the proviso funds to employ a part-time coordinator, as well as providing office space, technical equipment, and covering travel costs for this position.

## Next Steps

As part of their behavioral health state contracts, OPBHO and GCBHO are required to submit quarterly data reports to the Health Care Authority for the remainder of their contracts through December 31, 2018. Since these pilot programs have only recently launched, clear outcome data is not yet available. However, both locations will submit quarterly reports into fiscal year 2019. The quarterly reports will contain the number of individuals served by the assisted outpatient treatment pilot programs, the number of court order violations, the number of contacts with law enforcement, and any involuntary inpatient hospital admissions. This reporting structure will collect the outcome data requested by the legislature and be included in a follow up report on October 15, 2019.

Health Care Authority staff will coordinate with research and data analysis staff to analyze and compare outcome data received. After outcome data is received and reviewed, the Health Care Authority will partner with key stakeholders in the pilot programs to further review lessons learned and recommendations for best practice standards. Health Care Authority staff will also review recommendations for the future implementation of additional assisted outpatient treatment programs.

On January 1, 2019 both pilot program regions are transitioning to integrated managed care. As part of this integration, the behavioral health state contract requirements and key partnerships will be shifting to the Behavioral Health Administrative Service Organization (BH-ASO) for each region. It is very important that the momentum and continuity for these pilot programs is not lost as these regions transition to integrated managed care. In Yakima County, continuity will be more easily maintained as GCBHO is transitioning as the BH-ASO for the region. In Pierce County, Beacon Health Options will be the BH-ASO for the region. HCA will facilitate knowledge transfer meetings between OPBHO and the Beacon Health Options to ensure momentum and continuity is not lost in this transition.

Funding to support the infrastructure for these pilot programs is time limited, covering fiscal years 2018 and 2019 only. Medicaid funding covers treatment services, but infrastructure costs for these assisted outpatient treatment programs are not an allowable Medicaid expense. In summary, without adequate funding these pilot programs are likely short-lived and not sustainable, despite their promising potential. Assisted outpatient treatment programs like those in the pilot project are important tools to unite stakeholders to support long-term recovery.

