

Treatment for Adults on 90 or 180 Day Civil Commitment Orders

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Treatment for Adults on 90 or 180 Day Civil Commitment Orders



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Introduction

Treatment for adults on 90- or 180-day civil commitment orders

The Washington State legislature recommended that the Division of Behavioral Health and Recovery (DBHR) create and facilitate a work group that would review current laws and regulations and then identify necessary changes. The changes will address care delivery and cost-effective treatment for adults on 90 or 180 day civil commitment orders.

Background

Access to the full array of mental health treatment options is vital to recovery for individuals experiencing mental illness. A continuum of treatment is imperative to ensure safe, healthy communities, and quality outcomes. As a leader in providing innovative medical and behavioral health treatment, Washington State invested \$24.3 billion¹ annually at all levels of care. Included in these treatment modalities are inpatient psychiatric care, hospital diversion programs, peer services, crisis stabilization, housing support, and other evidence-based practices to promote recovery for people experiencing mental illness.

The work group concluded that despite these efforts, the increased cost of providing care hinders the efforts put forth by providers and state resources. Many of the adults requiring long-term involuntary treatment for mental health related conditions receive care through state-run institutions (Eastern State Hospital and Western State Hospital).

Washington State will transition all but those individuals needing the most intensive and long-term psychiatric services away from state hospitals. The state was directed by SSB 5883, 2018 to contract with community hospitals and residential evaluation and treatment centers to provide up to 48 long-term inpatient care beds as defined in RCW 71.24.025. This work transferred to the Health Care Authority (HCA) when The Division of Behavioral Health and Recovery (DBHR) transitioned out of the Department of Social and Health Services (DSHS).

Directed by SSB 5883, DBHR collaborated with non-institutes of Mental Disease (IMD) community hospitals to identify internal evaluation and treatment centers located in both eastern and western Washington. DBHR identified residential evaluation and treatment centers (E&Ts) in western Washington.

¹ In addition to SSB 5883, 2018, two specific provisos, SSB 6032 2018 Section 204 (p) will provide funding up to 48 long term bed. SSB 1109, 2018 section 215 (24) will provide funding up to 71 community beds in State Fiscal Year 2020. The additional funds will increase beds to 119 by State Fiscal Year 2021. The intention under these provisos is to fund 227 long-term civil commitment beds by State Fiscal year 2023.



As of October 2019, these efforts have resulted in 33 beds under contract, to provide bed capacity for individuals on 90 and 180 day civil commitment orders (see table 1). As participation in providing long-term bed capacity is voluntary, the additional long-term capacity identified in table 1 is not assured.

Table 1

Community hospitals to provide 90- and 180-day civil commitment bed capacity			
Facility	Location	Number of beds	Online date
Astria Hospital	Toppenish	14	January 2019
Cascade Behavioral Health	Tukwila	18	Early 2020
Fairfax Behavioral Health	Seattle	20	Early 2020
MultiCare Health Systems	Auburn	TBD	TBD
Navos Behavioral Health	Burien	TBD	TBD
Providence Health & Services	Everett	6	February 2021
PeaceHealth, St. John	Longview	2	May 2019
PeaceHealth, SW	Vancouver	TBD	TBD
Skagit Valley Hospital	Everett	2	October 2019
UW Medicine Behavioral Health Teaching Hospital	Seattle	50	FY 2023
Virginia Mason Memorial	Yakima	6	November 2018
Virginia Mason Memorial	Yakima	10	First quarter 2020
Residential evaluation & treatment centers to provide 90- and 180-day civil commitment bed capacity			
Facility	Location	Number of beds	Online date
Cascade Mental Health Care	Centralia	4	September 2018
Kitsap Mental Health Services	Bremerton	4	December 2018
Telecare North Sound	Sedro-Woolley	3	October 2018
RI International	Olympia	16	Late 2019

Details of the work group

A work group reviewed laws and regulations, and identified possible changes to care delivery. Work group representatives included individuals from DBHR, DSHS, the Behavioral Health Administration (BHA), Washington State Hospital Association (WSHA), and representatives for the residential evaluation and treatment facilities. With most long-term civil commitment beds transitioning from the state hospitals into a variety of community settings, the work group will continue to review current laws and regulations and determine what needs to change.

As part of the Department of Health (DOH) implementation of 2SHB 1394, DOH held two public workshops to discuss rulemaking around certifying behavioral health agencies to provide services. The participants reviewed existing WAC language and discussed the need for additional language and efficiencies in the certification process. They concluded that DOH rulemaking should focus on streamlining the certification process to make it easier for facilities to serve individuals on long-term civil



commitment orders. The discussion regarding services and therapeutic environmental requirements was relayed to HCA. These topics will likely need legislative consideration due to the potential impact on access to care and rights services.

Continued work

Due to the complexity of the identified population and the Governor's request to strengthen oversight of private psychiatric hospitals, the work group will continue to meet. The group will continue to research the rules and regulations. For example, the state is conducting a national search for best and promising practices. The work group will collaborate with the provider community to determine what best practices can be implemented throughout the state.

Best practices for further analysis

List of best practices

- Small settings with limited ability for large body movement
- Access to outdoors
- Outdoor activities
- Access to medical care services (i.e., dental, podiatry, occupational therapy)
- Access to personal care services (i.e., haircuts)
- One on one requirements provide potential for increased staffing
- Increased psychiatric prescriber contact

We request that the final legislative report have an extended completion date of August 28, 2020 due to the amount of research and analysis needed on current rules and regulations.

References

- (1) USgovernmentsspending.com/Washington_state-spending_pie-chart

