Washington State Department of Social and Health Services

Transforming Lives

REPORT TO THE LEGISLATURE

RCW 71.05.365
Fourteen Day Standard – 2024 Progress Report

Engrossed Substitute Senate Bill 5187, Section 202(18)

Behavioral Health Administration
PO Box 45050
Olympia, WA 98504-98504
(360) 338-5005
http://www.dshs.wa.gov/bha

Washington State Department of Social & Health Services
Transforming lives

Table of Contents

EXECUTIVE SUMMARY

In 2023, the Washington State Legislature enacted Engrossed Substitute Senate Bill 5187– the 2023-2025 Operating Budget. Section 202 (18) of the bill, provided $100,000 in Fiscal Year 2024 (FY24) and $100,000 in Fiscal Year 2025 (FY25) for the Department of Social and Health Services to track compliance with RCW 71.05.365 requirements for transition of state hospital patients into community settings within fourteen days of the determination that they no longer require active psychiatric treatment at an inpatient level of care. This report includes the tracking requirements laid out in the bill which states:

The department must use these funds to track the following elements related to this requirement:

- *(i) The date on which an individual is determined to no longer require active psychiatric treatment at an inpatient level of care;*
- *(ii) the date on which the behavioral health entities and other organizations responsible for resource management service for the person is notified of this determination; and*
- *(iii) the date on which either the individual is transitioned to the community or has been re-evaluated and determined to again require active psychiatric treatment at an inpatient level of care.*

The department must provide this information in regular intervals to behavioral health entities and other organizations responsible for resource management services. The department must summarize the information and provide a report to the office of financial management and the appropriate committees of the legislature on progress toward meeting the fourteen-day standard by December 1, 2023, and December 1, 2024.

This report will include a brief background of the civil discharge negotiations agreement with Disability Rights Washington, the discharge planning process timeline, and information about the data tracking systems used at the state psychiatric hospitals. Data are provided that reflect the details of the discharge transition plan development as well as information regarding the notifications to behavioral health entities before discharge.

BACKGROUND

Historically, Eastern and Western State Hospitals have operated differently, functioning as two fully separate and distinct entities. Each state hospital's data system was created separately; the policies and procedures of each are separate and distinct.

To implement tracking and compliance with RCW 71.05.365 the department determined it would need to:

1. Establish, implement, and operationalize a BHA-wide definition and policy for "no longer requires active treatment at an inpatient level"; and
2. Develop a data system to track the data elements identified in the budget proviso.

To achieve these, the department created the position of Director of Community Transitions in January of 2019. The BHA Director of Community Transitions focused on working with the state hospitals and other agencies, administrations, and community partners to improve internal and external processes related to discharge planning and Behavioral Health Transformation.

Civil Discharge Negotiation Agreement with Disability Rights Washington
On December 2, 2022, a settlement agreement was reached with Disability Rights Washington related to civil discharge planning for the state hospitals. The agreement includes the below actions.

1. Develop consistent discharge planning processes so civil patients discharging from state hospitals can live in an integrated community setting. These processes would improve through:
    a. Stakeholder feedback.
    b. Creating clear and timely discharge plans.
    c. Updating policies, procedures, processes, and forms to be used for individuals discharging from civil commitment beds operated by BHA.
    d. Defining the discharge transition team and components of a timely discharge.
    e. Processes for complex case staffing.
    f. Development of a Transition and Discharge Planning System that will track:
        - *The date of the person's initial 90 or 180-day civil commitment;*
        - *The date an initial discharge evaluation is conducted;*
        - *Whether the individual is identified as clinically eligible for early engagement via the initial discharge evaluation;*
        - *The date of the clinical determination that the person no longer requires active psychiatric treatment in an inpatient level of care;*
        - *The date notice is provided, pursuant to RCW 71.05.365, to the behavioral health administrative services organization, managed care organization, or agency providing oversight of*

long-term care or developmental disability services that is responsible for resource management services for the person in the community that the person no longer requires active psychiatric treatment in an inpatient level of care;
    - *All typical discharge planning activities, and the extent to which those activities are timely completed;*
    - *Needed services and supports as determined via the individual's person-centered discharge planning process.*
2. Utilization and possible expansion of the Program for Assertive Community Treatment (PACT), Early Engagement, and Support Housing Programs will:
    a. *PACT*
        - Allow for the most integrated setting to meet the person's needs and best aligns with the person's informed choice.
        - Allow for adequate service availability to provide for the needs of those discharging for state-operated inpatient facilities.
    b. *Early Engagement*
        - Utilize the Peer Bridger program for all civil admissions unless the person opts out of the program.
        - Create an early engagement referral process.
    c. *Vocational Support Services*
        - The Division of Vocational Rehabilitation (DVR) will provide training to hospital staff.
        - DVR will provide liaisons to each state hospital to help patients transition to vocational support services in the community.
    d. *Education Services*
        - Provide patients, legal system partners, and partnering state agencies education about programs and services available in the community.
        - Create a Patient and Family Resource website that is available to the public.

All of these actions are set forth to provide civil patients with discharge services that meet the agreements in the settlement with Disability Rights Washington. This work is a collaborative effort within the Behavioral Health Administration (BHA) along with administrations across the Department of Social and Health Services and other collaborators within the community. The next section will highlight the discharge planning process timelines that are followed before discharge can occur.

Discharge Planning Process Timelines

For many patients, there are regulatory requirements and processes that must be followed before discharge can occur. For some, there are complex discharge related issues that their care teams work to resolve ahead of discharge. The charts below detail these processes and issues and their associated timeframes. Chart 1 details the regulatory requirements along with the authorizing language of these requirements. Chart 2 details informal processes that are to occur as necessary per discharge before a discharge can take place.

Chart 1: Regulatory Requirements of Discharges

Regulatory Requirements	Timeframe	Additional Notes	RCW
Discharge Review	14-30 days	In-depth evaluation conducted prior to discharge for many civil conversion patients. Timeframe varies based on patient complexity.	71.05.232
Legal Notifications	14-45 Days	Prosecutor, Law Enforcement, Victim/Witness	71.05.325, 71.05.330, 71.05.425
Court Hearings	7-30 Days	LRA Court Hearing scheduling times vary	71.05.320, 71.05.325
PSRP Review	30 days	Public Safety Review Panel requirement for patients with violent felonies committed under 71.05.280(3)(b)	10.77.270, 71.05.280(3)(b)

Chart 2: Informal Processes Before Discharges

Informal Processes	Timeframe	Additional Notes
Resolving Immigration Barriers	6 months-several years	Limited housing and service programs available for non-citizens/non-Medicaid eligible populations
Guardianship	6 months-several years	Significant shortage of public guardians with behavioral health expertise. Patients that lack capacity to make decisions cannot discharge until a guardian is assigned.
Complex Financial Barriers	6 months-Year	Medicaid/benefit financial limitations require establishment of special needs trusts, having property sold, etc.
Limited independent housing	6 months-year	Individual that are enrolled with supportive housing services and housing subsidy programs often cannot find affordable housing options that will rent to them.
Provider Search	7 days-multiple months	Residential settings, such as Adult Family Homes, Enhanced Service Facilities, or Adult Residential Treatment Facilities (group homes) are not obligated to accept state hospital patients. The patient and the provider must also have mutual acceptance.
Service Coordination	7 days- 60 days	Referrals to service providers, such as PACT teams, often require multiple weeks of review by the agency to determine if the patient is eligible and to schedule intake appointments for mental health and psychiatric services.

Data Tracking Systems
The data elements required in the proviso had not previously been tracked in either of the hospitals' main data systems, nor in the standalone discharge databases and have required an information technology solution to fully implement. With limited resources for design and implementation of an automated strategy, an interim solution was implemented by both hospitals.

ESH and WSH would manually track the patient's name, assigned Managed Care Organization (MCO) or Behavioral Health Administrative Service Organization (BH-ASO), and the three required data elements. The hospitals' social work teams maintain spreadsheets and notified the MCO/BH-ASO liaison when patients were determined ready to discharge.

As reported in 2019, both hospitals embedded these data tracking elements into their discharge tracking databases. ESH had begun electronically tracking the data points and continues to utilize an electronic tracking system that sends a notice to the MCO/BH-ASO. WSH began a process of creating a new database where the data will be collected electronically.

In 2020, a need was identified to create a permanent solution for tracking and reporting of this data. However, this project was temporarily paused so that resources could be directed to the significant impacts to the state hospitals due to the COVID-19 pandemic. In 2022, BHA committed to developing an enterprise-wide electronic discharge planning system through the Civil Discharge Settlement Agreement with Disability Rights Washington.

2024 Update: The Transition and Discharge Planning System (TDPS) is scheduled go-live at Eastern and Western State Hospital in November 2024 with reporting capabilities starting in early 2025. The TDPS system has specifically been configured to notify the patient's assigned MCO/BH-ASO of the three required data elements, in addition to numerous other discharge activities and timeframes. The TDPS will significantly improve the department's ability to effectively collaborate and communicate with discharge planning partners to ensure timely discharge planning.

DISCHARGE TRANSITION PLAN DEVELOPMENT

The tables below describe the amount of time from the point that the patient was identified as "no longer requiring active psychiatric treatment at an inpatient level of care", when the MCO/BH-ASO liaisons were notified of the determination, to the point when an initial transition plan was developed. Table 1 specifically displays the data for Western State Hospital and Table 2 for Eastern State Hospital from January 1, 2024 through August 31, 2024.

Table 1: Western State Hospital Civil Patients Discharged into Community Settings: January 1, 2024 – August 31, 2024

Days to develop initial plan	Number of Individuals	Percentage
14 days or less	95	91%
15 days or more	9	9%
Total	104	

Table 2: Eastern State Hospital Civil Patients Discharged into Community Settings: January 1, 2024 – August 31, 2024

Days to develop initial plan	Number of Individuals	Percentage
14 days or less	142	100%
15 days or more	0	0%
Total	142	

Notification of Behavioral Health Entities

The discharge data has been reviewed by the BHA Director of Community Transitions to ensure there is limited delay between the determination that the patient no longer requires active treatment at an inpatient level of care and MCO/BH-ASO notification. The reviews found the notifications were usually being done within 24-hours. Reporting capabilities in the upcoming TDPS will allow for increased oversight to ensure that prompt notification is being made for every civil patient that meet these criteria.

In addition to formal notifications through existing processes and the TDPS, the MCO/BH-ASO liaisons have access to reports that document all their members/patients that are still requiring and no longer requiring active treatment at an inpatient level of care. ESH and WSH also have routine case staffing meetings to review discharge planning activities for every patient. These care coordination meetings include the MCO/BH-ASO liaisons, Home and Community Services (HCS) staff, the Health Care Authority (HCA) and other discharge planning partners.

CONCLUSION

Although the discharge process for civil patients can be complex, BHA continues to work to improve the discharging processes for civil patients at WSH and ESH. The data and updates provided in this report reflect consistent progress towards implementing data systems that have assisted and will continue to assist with these efforts.