



## **REPORT TO THE LEGISLATURE**

### **Fourteen Day Standard – 2025 Progress Report**

RCW 71.05.365

Engrossed Substitute Senate Bill 5187, Section 202(18)

December 1, 2025

Behavioral Health and Habilitation Administration

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## Executive Summary

The 2025 Washington State Legislature enacted Engrossed Substitute Senate Bill 5167– the 2025-2027 Operating Budget. Section 202 (18) of the bill provided \$100,000 in fiscal year 2026 and \$100,000 in fiscal year 2027 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. The reporting requirement of the bill 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 requires 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.

## 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:

- Establish, implement, and operationalize an administration-wide definition and policy at Behavioral Health and Habilitation Administration for “no longer requires active treatment at an inpatient level”; and
- Develop a data system to track the data elements identified in the budget proviso.

The BHHA created the position of Director of Community Transitions in January of 2019. The BHHA 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 following actions:

- Develop consistent discharge planning processes so civil patients discharging from state hospitals can live in an integrated community setting. Improving processes through:
  - Soliciting and incorporating stakeholder feedback.
  - Creating clear and timely discharge plans.
  - Updating policies, procedures, processes, and forms to be used for people discharging from civil commitment beds operated by BHHA.
  - Defining the discharge transition team and components of a timely discharge.
  - Streamlining processes for complex case staffing.
  - Development of a Transition and Discharge Planning System that will track:
    1. The date of the person's initial 90 or 180-day civil commitment.
    2. The date of an initial discharge evaluation is conducted.
    3. Whether the individual is identified as clinically eligible for early engagement via the initial discharge evaluation.
    4. The date of the clinical determination that the person no longer requires active psychiatric treatment at an inpatient level of care.
    5. 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.
    6. All typical discharge planning activities, and the extent to which those activities are timely completed.
    7. Needed services and supports as determined via the individual's person-centered discharge planning process.
- Utilization and possible expansion of the Program for Assertive Community Treatment, Early Engagement, and Supportive Housing programs will:
  - 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.

In October 2025, the department anticipates a new Program for Assertive Community Treatment liaison position will begin working to coordinate efforts to increase program enrollment for inpatient psychiatric transitions, with a specific focus on Western State Hospital. This position is funded by Health Care Authority and is employed by the University of Washington.

**Early Engagement**

- o Use the Peer Bridger program for all civil admissions unless the person opts out of the program.
- o Create an early engagement referral process.

**Supportive Housing**

- o In early 2025, HCA funded Foundational Community Supports Supportive Housing Liaison positions started working directly with the state hospitals to increase coordination and engagement efforts for patients around supportive housing services.

**Discharge Planning Process Timelines**

The Trueblood v. DSHS lawsuit challenged unconstitutional delays in competency evaluation and restoration services for people detained in city and county jails. The Trueblood Contempt Settlement Agreement establishes a plan for providing services to people with behavioral health conditions involved in the criminal legal system and for providing restoration services and connections to treatment to reduce the likelihood of future involvement.

| 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)      |

| 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 Program for Assertive Community Treatment 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 or Behavioral Health Administrative Service Organization, and the three required data elements. The hospitals’ social work teams maintained 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 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 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, BHHA committed to developing an enterprise-wide electronic discharge planning system through the Civil Discharge Settlement Agreement with Disability Rights Washington.

In 2024, BHHA implemented the Transition and Discharge Planning System, an enterprise IT platform to track the essential components of discharge planning. Transition and Discharge Planning System was specifically configured to notify the patient's assigned MCO/BH-ASO liaisons of the three required data elements, in addition to numerous other discharge activities and timeframes.

## **Compliance and Summary**

BHHA is pleased to report that Transition and Discharge Planning System is implemented at the state hospitals, as well as Olympic Heritage Behavioral Health and the Maple Lane Campus. All members of a patient's discharge planning team, including assigned MCO/BH-ASO staff, are automatically notified when an individual's discharge "status" is updated to document when the individual no longer requires active psychiatric treatment at an inpatient level of care and is engaging in active discharge planning, discharges from the facility, or has been re-determined to require ongoing active psychiatric treatment. Implementation of Transition and Discharge Planning System has resulted in a 100% compliance rate with the legislative requirements outlined in the bill. TDPS also sends notifications for numerous other pertinent discharge planning updates to increase communication and coordination among discharge staff and planning partners. BHHA intends to continue to use Transition and Discharge Planning System as its primary documentation tool for discharge planning at the state hospitals going forward. 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 Living Administration staff, the Health Care Authority and other discharge planning partners.

Ongoing reporting on the 14-day standard may no longer be necessary given implementation of Transition and Discharge Planning System and the automation of what used to be a very manual communication/notification process. In addition, this report was based on legislation from 2016 (ESSB 6656). At the time, behavioral health organizations were solely responsible for discharging their members from state hospitals to community settings. Since the implementation of this legislation, there have been significant changes in the population served at the state hospitals and many changes in the resources available for transitioning civil patients out of state hospitals. The behavioral health organizations no longer exist as outlined in the legislation nor have sole responsibility for discharges from state hospitals.