

Implementation plan to continue the expansion of civil long-term inpatient capacity

Final status report

Engrossed Substitute Senate Bill 5187; Section 215(50)(h); Chapter 475; Laws of 2023

December 1, 2024

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Executive summary

This report is responsive to Senate Bill (ESSB) 5950 (2024), which directs the Health Care Authority (HCA) to coordinate with the Department of Social and Health Services (DSHS); Office of the Governor (GOV); Office of Financial Management (OFM); Medicaid Managed Care Organizations (MCOs); Behavioral Health Administrative Service Organizations (BH-ASOs) representative(s); and community behavioral health providers to update the status of the identified implementation plan to continue the expansion of civil community long-term inpatient beds, known as the Long Term Civil Commitment program (LTCC).

SB 5187 required HCA to submit three reports to the Governor's office and the Legislature. The third and final report was submitted in December 2023.

HCA continues to follow the prioritized solutions reported in December 2023, listed below and discussed in further detail below¹.

1. **General rate increase** – the LTCC per diem for both psychiatric hospitals and E&Ts was increased to meet the current market rate for like services.
2. **Enhanced rate** – HCA has implemented the use of the enhanced rate required to serve individuals with more complex medical and/or behavioral health needs. HCA is currently reviewing pre-authorization requests and monitoring the use of these specialized funds.
3. **Continuing cross-agency efforts** – HCA continues to partner with DSHS Behavioral Health Administration (BHA), Aging and Long-Term Services Administration (AL TSA), Department of Commerce (COM), and Developmental Disabilities Administration (DDA).
4. **Uniform discharge process** – HCA continues to work closely with MCO and BH-ASO representatives, as well as LTCC providers in ensuring the uniform discharge processes.
5. **Throughput services** – HCA continues to work with awardees of projects funded by the Department of Commerce in the areas of Intensive Behavioral Health Treatment Facilities (IBHTF) and Program for Assertive Community Treatment (PACT) teams. This work assists with the throughput issue by providing additional services to meet the needs of individuals with the highest level of complex needs in either a residential or high intensity outpatient settings.
6. **Cognitive Behavioral Therapy for Psychosis training (CBTp)**– HCA continues to work with the University of Washington (UW) Spirit Lab in the implementation and sustainment of CBTp, an evidenced based practice to meet the needs of individuals living with psychosis.
7. **Acute care hospitals** – HCA continues its outreach efforts to identify acute care hospitals with psychiatric units to increase the number of beds that can serve individuals with medical complexity.
8. **No refuse facilities** –Future development of a limited number of “no refuse” state-operated facilities warrant continued consideration.

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Priority strategies summary

Overall and enhanced rate of reimbursement

The 2023 legislative session approved an enhanced rate for individuals transferring from State Hospitals on a civil conversion order, which HCA implemented in September 2023. HCA worked rapidly with community providers to access existing LTCC capacity and to develop new community capacity for civil conversion. This resulted in adding 75 beds to assist Western State Hospital (WSH) in successfully transferring one hundred thirty-four (134) individuals from WSH between March 2023 and October 2024. This effort provided much needed capacity to WSH to serve individuals in accordance with the Trueblood agreement. Also, BHA and HCA worked to create referral processes and provide technical assistance to providers serving individuals transferring from the state hospitals due to special legal requirements related to discharge.

In the 2024 legislative session, an overall rate enhancement for HCA contracted facilities providing care to all individuals on a 90- or 180-day civil commitment was approved to ensure financial feasibility and sustainability of the LTCC program. The previously approved rates for these beds had not kept up with market rates and disincentivized facilities from serving the LTCC population.

Additionally, in 2024 the legislature approved an enhanced rate of reimbursement for providers serving individuals with complex medical and/or behavioral needs. This enhancement is intended to increase access to the most appropriate treatment setting for individuals who would otherwise not be accepted due to the higher cost to provide their care. The enhanced rate provides necessary funding for increased staffing and individual supports, specialized services, and expertise for providers to be confident and capable to serve individuals outside of their traditional staffing and service model. An enhanced rate provides a reimbursement rate that encourages current and future contracted facilities to serve more challenging populations.

Continuing cross-agency efforts

HCA recognizes that expanding community long-term civil capacity requires partnerships across state agencies, privately owned community organizations, and with stakeholders to address the barriers described in this report. We continue to build on existing collaborations and develop processes to implement proposed solutions.

Partnership with DSHS

HCA and ALISA staff often act as a liaison between contracted facilities, MCOs, and state agencies to help forge relationships that support the best possible outcomes for those we serve. HCA and ALISA partner on discharge planning for the more complex cases to ensure a good fit with the discharge setting by bringing clinical staff at the HCA contracted facility together with representatives from the appropriate state agency.

HCA continues to work with DSHS-BHA on utilizing a screening tool to assess the needs of individuals at the state hospital converting from a forensic to a civil commitment order, to identify those who may be appropriate for referral to a community LTCC program. The goal is to increase the number of appropriate referrals to the right setting while monitoring acceptance rates into LTCC facilities to ensure the tool is working as designed.

HCA and DSHS-BHA work collaboratively with facilities providing civil conversion beds to ensure they are properly trained in court procedures as these individuals often require additional legal requirements

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related to discharge processes. HCA and DSHS-BHA also work together as necessary to support civil conversion transfers to specific facilities ensuring the best fit for continued inpatient care.

Throughput services

Additional facilities and support are needed in the community to serve populations who often are denied admission to an LTCC setting due to perceived difficulty locating a discharge setting. Efforts that may greatly assist with this issue include: the new 1915(i) Community Behavioral Health Support Services state plan, expansion of Intensive Behavioral Health treatment facilities (IBHTF), expansion of Intensive Residential Treatment team pilots, the expansion of PACT teams, rate enhancement for complex medical/behavioral care needs, continued engagement through the LTCC Learning Collaborative, and partnership with MCOs to encourage engagement with collaborative discharge practices.

Washington's first intensive behavioral health treatment facility

In late 2022, the first intensive behavioral health treatment facility (IBHTF) opened in Olympia and a second IBHTF facility opened in Renton in July 2024. This new facility type offers robust behavioral health treatment in a residential setting for individuals transitioning from inpatient psychiatric care. These facilities will help to broaden the spectrum of services available within the community, helping to support a greater variety of needs, and transition some individuals back to the community from LTCC beds. Enhancing this type of community-based treatment both supports the individual's successful transition, and it also encourages LTCC providers to serve individuals who previously may have been denied due to perceived lack of sufficient discharge options. The Department of Commerce has funded the development of nine of these facilities.

Cognitive Behavioral Therapy for Psychosis (CBTp)

HCA continues to utilize behavioral health block grant funding to support the provision of the evidence-based practice of Cognitive Behavioral Therapy for Psychosis (CBTp). The University of Washington's Supporting Psychosis Innovation through Research, Implementation, and Training (SPIRIT) Lab is training and providing technical assistance to a cadre of LTCC providers. CBTp is a time-limited, solutions-focused, structured form of talk therapy that is indicated for individuals who experience distress or impairment related to psychotic or psychotic-like experiences (SAMHSA, 2021). Framing psychotic and psychotic-like experiences as common, understandable, and treatable, CBTp is rooted in each individual's personal recovery goals. It aims to work collaboratively with clients to reduce distress, identify personally meaningful goals, and promote personal agency in one's own recovery.

Due to limited funding, CBTp is not able to expand to all LTCC programs. To provide the maximum resource to providers and practitioners serving this population, the UW SPIRIT Center has developed online asynchronous CBTp introductory trainings with HCA sponsorship. These CBTp trainings could be deployed at a low cost to shore up a foundational knowledge base of recovery-oriented psychosis care. In addition, Dr. Kopelovich co-developed an asynchronous training tool that pairs brief didactics in CBTp techniques with AI-enabled feedback on learners' rehearsal. This tool is now commercially available and provides introductory trainings on psychotherapeutic techniques from Motivational Interviewing, Dialectical Behavior Therapy, and trauma-informed care.

Prioritize contracting with acute care hospitals

HCA continues to seek additional capacity within acute care hospitals to serve those with more complex medical needs, in addition to the psychiatric treatment needs. There are currently six acute care hospitals

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that have an active contract with HCA. **Astria Hospital in Toppenish** is currently working on their Commerce-funded remodeling and will be adding fourteen new beds (28 total) to their facility. These beds are anticipated to be added during the first quarter of 2025. The **University of Washington's** center for behavioral health and learning (teaching hospital) opened in July 2024 and is expected to provide 75 beds to treat individuals with complex psychiatric and/or behavioral presentations, medical and psychiatric comorbidities, and geriatric psychiatric specialty by July 2025. HCA continues to seek out more capacity in acute care hospitals that will meet this important need.

No-refuse facilities

Development of no refuse state operated facilities

The Department of Social and Health Services (DSHS) has been developing new facilities to create adequate capacity for those who have entered the state hospital through the criminal justice system and need to receive forensic and or mental health evaluation and treatment. However, there remains a need for state owned and operated "no-refuse" facilities that could accommodate the very narrow population of individuals who are currently unable to be served in community based LTCC settings. A "no-refuse" facility could provide the most appropriate treatment setting for individuals who require the highest level of care in the State. These individuals are often caught in a cycle of short-term hospitalizations, criminal justice involvement, and high utilization of crisis services.

Next steps

During late summer of 2022, HCA staff participated in a DSHS/BHA-led work group to identify gaps and barriers within the system for individuals on a 90- or 180-day civil commitment order receiving inpatient treatment. Identified gaps continue to include:

- Lack of guardians with mental health expertise and training that are willing to serve a behaviorally complex population.
- Limited access to sex offense treatment at state hospitals and from outpatient providers, and
- Specialized Traumatic Brain Injury (TBI) facility for individuals with long-term support needs.
- Developing no refuse facilities

With the continued insight of participants in this work group, HCA continues to explore and identify key priorities that will further the expansion of the community-based long term civil capacity. HCA will continue to move forward with this effort, in partnership with DSHS, Commerce, and community providers. As additional capacity becomes available, we expect more individuals to gain access to contracted beds. We also recognize that without deliberate and careful planning, and response to some of the current external threats to the system, adequate capacity and access will be increasingly challenging to achieve.

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