

REPORT TO THE LEGISLATURE

Maximize Forensic Bed Capacity

Engrossed Substitute Senate Bill 5187, Section 202 (27)(b)

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Executive Summary

In 2023, the Washington State Legislature enacted Engrossed Substitute Senate Bill 5187 within the 2023-2025 Operating Budget. Section 202 (27)(a) of the bill provided \$5,000,000 for fiscal year 2024 and \$5,000,000 for fiscal year 2025 for the Department of Social and Health Services to *pursue immediate strategies to maximize existing forensic bed capacity for individuals in jails awaiting admission to the state hospitals that are class members of Trueblood, et al. v. Department of Social and Health Services, et al., United States district court for the western district of Washington, cause no. 14- 28 cv-01178-MJP.*

The bill outlines strategies for inclusion as follows:

- (A) In coordination with the behavioral health teaching facility at the University of Washington, identification of civil patients in the state hospitals that could receive appropriate treatment at the facility and work to resolve any barriers in such placement;*
- (B) Identification of civil patients in the state hospitals that could receive appropriate treatment at an enhanced services facility or any other community facility and work to resolve any barriers in such placement; and*
- (C) Coordination with the aging and long-term care administration and the office of public guardianship on the provision of qualified guardians for civil patients in need of guardianship that are otherwise eligible for discharge; and*
- (ii) Additional approaches to resolving any barriers to maximizing the use of existing civil wards at eastern state hospital for individuals currently occupying beds on forensic wards at western state hospital who have been committed to a state hospital pursuant to the dismissal of criminal charges and a civil evaluation ordered under RCW 10.77.086 or 10.77.088.10*

The reporting requirements of the bill are:

- By December 1, 2023, the Department must submit a preliminary report to the appropriate committees of the legislature and to the office of financial management that provides:*
- (i) The number of individuals currently occupying beds on forensic wards at western state hospital who have been committed to a state hospital pursuant to the dismissal of criminal charges and a civil evaluation ordered under RCW 10.77.086 or 10.77.088; and*
 - (ii) The department's plan for utilizing the funds provided in this subsection and estimated outcomes.*

Civil Patients Occupying Beds on Forensic Wards at WSH

After the Trueblood court ruling of July 7, 2023, the Department's increased discharge efforts resulted in over 123 discharges and transfers of civil patients from forensic beds at WSH.

As of 10/2/23, there are 5 civil patients at WSH who remain in forensic beds.

Required Strategies to Resolve Barriers to Discharge

Identification of civil patients in the state hospitals that could receive appropriate treatment at the University of Washington behavioral health teaching facility and work to resolve any barriers in such placement.

The Behavioral Health Administration (BHA), Health Care Authority (HCA), and the University of Washington are in the process of determining admission criteria for those patients at the state hospitals who would benefit most from treatment at the University of Washington behavioral health teaching facility. Since specialty medical services are provided in house at the facility, patients who are in need of specialty medical care will likely be one of the focus areas. A formal screening tool is being created to assist in the identification of eligible civil patients. Ongoing, regularly scheduled coordination meetings between the University of Washington, HCA, and BHA will continue to occur to ensure the process moves forward and to resolve any barriers to placement that may arise. The University of Washington behavioral health teaching facility is still currently under construction and is anticipated to be opening up beds for patients later in calendar year 2024.

Identification of civil patients in the state hospitals that could receive appropriate treatment at an enhanced services facility or any other community facility and work to resolve any barriers in such placement.

BHA and Home and Community Services (HCS) have worked collaboratively for many years to ensure the successful transition of eligible state hospital patients back to their communities and into appropriate residential settings. There are currently 9 enhanced service facilities (ESFs) in the state (see below-data is from the 08-2023 State Hospital Discharge and Diversion Report from HCS):

	City	Region	Contract Start Date	Number of Contracted Beds	Openings
ENHANCED SERVICE FACILITIES (ESF)					
Upriver Place ESF	Spokane	1	Jun-16	8	0
Unified Residential ESF	Spokane Valley	1	Nov-17	16	1
Main Residential ESF	Spokane Valley	1	Aug-20	16	1
Liberty Place ESF	Spokane	1	Mar-22	16	2
Sunrise ESF	Everett	2	Nov-18	16	5
Orchard Highlands ESF	Vancouver	3	Sep-16	12	6
Supreme Living ESF	Olympia	3	Feb-21	15	1
Apple Tree ESF	Vancouver	3	Nov-21	16	1
Emerald City ESF	Lakewood	3	Jan-23	16	1

The average vacancy rate at the ESFs based on the data provided above is 2, with 5 of the 9 facilities having only 1 vacancy. BHA and HCS will continue to work together collaboratively to ensure ESF beds are filled. BHA will review referrals made to Sunrise ESF and Orchard Highlands ESF to identify any barriers that may be influencing their higher vacancy rates.

Coordination with the aging and long-term care administration and the office of public guardianship on the provision of qualified guardians for civil patients in need of guardianship that are otherwise eligible for discharge.

The Aging and Long-Term Care Administration (ALTSA) has developed a guardianship pilot program that provides incentives to guardianship agencies to prioritize the long-term care population, however this program does not include mental health trained guardianship providers.

There are a limited number of psychiatric/mental health specific professional guardians in the state that can serve the population of civilly committed patients at the state hospitals. The department will continue to leverage close working relationships with certified public guardianship agencies that do have training and expertise in supporting patients with serious mental illness and will continue to explore options for increased coordination with ALTSA's guardianship program.

Use of Existing Civil Wards at ESH

Since the Trueblood court ruling on July 7, 2023, WSH has successfully transferred a total of 27 patients to civil wards at ESH to assist in clearing forensic beds at WSH for Trueblood class members. Prior to this, WSH had transferred a total of 20 patients in late 2022/early 2023. Currently, there are no plans for more transfers of WSH patients to civil wards at ESH; however, WSH and ESH have developed an effective system to identify and transfer appropriate patients and can do so again should the need arise.

Maximizing Forensic Bed Capacity

BHA will continue efforts to maximize forensic bed capacity by utilizing funds provided in this bill to enhance discharge planning for civilly committed patients as follows:

Inpatient Sex Offense Treatment in the state hospitals

Finding housing providers willing to accept patients with a history of sexual violence can be challenging. Providing sex offense treatment prior to release mitigates risk and increases the chances that housing providers will accept these patients for placement. BHA plans to use funds to assist with foundational work needed to facilitate planning and implementation of inpatient sex offense treatment at the state hospitals. This will include funding for support staff as well as project management services to aid in program development as well as to assess needed resources to ensure the program's success.

Community Nurse positions

While discharge planning at the state hospitals is typically driven by social workers, WSH has employed a Community Nurse Specialist for many years to address complex medical and medication needs of patients as they transition into the community. This role became a pivotal part of the discharge team during the COVID epidemic, as they coordinated health and safety protocols between the hospital and community providers. This interdisciplinary approach to discharge planning has become a statewide model and the department has plans to expand the program. A second Community Nurse Specialist has been hired at WSH and ESH plans to hire a nurse in 2024. Additionally, the newly established Olympic Heritage Behavioral Health facility in Tukwila, WA will hire a nurse with this specialty for the facility's discharge team.

Bed holds at the Adult Residential Treatment Facilities (ARTFs)

The statutorily mandated Community Notification of Dangerousness process requires a period of at least 30 days before certain patients with histories of violent offenses can be released. The notification must include the patient's discharge location. For patients who have been accepted

at a group home, this means the bed must be held until the 30 days have passed, which can create a financial disincentive for the group home provider and lead to an unwillingness to serve this population. BHA plans to contract with ARTFs to provide bed retainer funds for these instances and others that might delay a patient being able to utilize the open bed. There are 12 ARTFs state-wide to be considered for bed retainer funding.

Enhanced Transportation Teams

Determining a patient's discharge date is dependent upon many factors, including the availability of transportation. Both ESH and WSH employ designated staff whose primary role is to transport patients to their discharge location, to and from medical appointments, and to preplacement visits. Preplacement visits provide patients an opportunity to begin relationship-building with staff and residents at their future discharge setting and to become more familiar with the environment, thereby increasing success at discharge. BHA plans to use funds for enhanced transportation teams for all BHA facilities to support increased preplacement visits and easier scheduling of discharge dates.

Post-discharge Support Team

To reduce recidivism after discharge, BHA plans to use funding for a post-discharge support team at a designated interim housing location, in coordination with the Health Care Authority (HCA). The team will consist of 2-3 MSW level staff who will provide consultation, support, education, and training to community professionals working with recently discharged patients. The goal is to increase the chances of patients' long-term stability by equipping community providers with tools to manage complex behaviors and to navigate the complexities of the behavioral health system.

Peer Bridger Coordinator position

The Civil Discharge Settlement Agreement that was signed on December 2, 2022 by DSHS, HCA, and Disability Rights Washington mandates that every civil patient at the state hospitals have access to a Peer Bridger. Yet Covid protocols, security considerations, and lack of staff understanding about the Peer Bridger program are among several factors that make the coordination and scheduling of Peer Bridger meetings with patients a challenge at both facilities. BHA will use funds to hire a Peer Bridger Coordinator to facilitate better communication between Peer Bridger agencies and the state hospitals, increase staff education and buy-in about the positive impacts of Peer Bridgers on patient outcomes, and increase patient access to this service.

Bed Utilization and Capacity Manager position

BHA has seen rapid growth, with the increase of forensic beds at WSH, the opening of civil beds at Oak Cottage at Maple Lane, and the opening of Olympic Heritage Behavioral Health. This growth is expected to continue for both forensic and civil patients over the next several years. Managing the admissions, transfers, and discharges of patients will require more focused attention to maximize the efficiency of patient throughput. BHA plans to hire a Bed Utilization and Capacity Manager to monitor patient movement across all BHA facilities in order to optimize patient access to inpatient services.

