

Executive Summary

The Community Alternatives to Boarding Task Force

Governor Jay Inslee and King County Executive Dow Constantine jointly convened the Community Alternatives to Boarding Task Force (CABTF) in August 2014 as part of a broad effort to address a treatment access crisis that was affecting thousands of King County residents in need of acute psychiatric care. The growing number of individuals involuntarily detained for inpatient psychiatric care who were held in temporary settings that were not serving their mental health needs precipitated this coordinated action.

This phenomenon, known as “psychiatric boarding,” was also the subject of a Washington Supreme Court ruling in August 2014. The Supreme Court’s ruling in *In re the Detention of D.W. et al.*,¹ in combination with subsequent rulemaking by the state Department of Social and Health Services (DSHS) to operationalize the Court’s finding,² made it illegal to detain a person involuntarily without adequate care while awaiting a certified evaluation and treatment (E&T) bed, and required the provision of timely and appropriate mental health care to all individuals held involuntarily for psychiatric treatment.

King County and its community partners strongly supported this ruling because it directly addressed an enduring problem and made appropriate treatment access a primary priority throughout the state, creating an environment in which necessary and creative changes could occur.

After the ruling was fully implemented in December 2014, a new standard was established: no longer could people simply be held until a certified bed was available. Instead, for a designated mental health professional (DMHP) to seek temporary single bed certification (SBC) authority from the state, any non-certified facility holding a patient had to demonstrate that it would bring psychiatric services to the person to meet his or her needs. Even this approach was a stopgap solution. Washington State, King County, providers, legislators, and others broadly acknowledged the need for increased inpatient psychiatric capacity to meet the service need.

However, the Governor and the Executive also looked to key stakeholders to seek innovative, coordinated solutions that went beyond merely increasing inpatient capacity and instead sought to decrease demand via community-based prevention, early intervention, diversion, and re-entry strategies. Thus, the CABTF was convened, bringing together representatives from the executive, legal, judicial, and treatment systems that serve individuals involved in the involuntary commitment process.

Motion 14225: Short- and Long-Term Sustainable Solutions

Passed by the Metropolitan King County Council on September 15, 2014, Motion 14225 requested that the task force develop sustainable solutions to the psychiatric boarding crisis. The legislation further asked the task force, with assistance from the King County Executive, to review and recommend short-

¹ *In re the Detention of D.W., et al.* Case 90110-4. Washington Supreme Court. The full text of this ruling is included with this report as Appendix E.

² Washington Administrative Code (WAC) 388-865-0526. <http://app.leg.wa.gov/wac/default.aspx?cite=388-865-0526>.

and long-term sustainable solutions for prevention, early intervention, and least restrictive alternatives for individuals in mental health and substance abuse crisis.³

Specifically, the Motion asked the task force to develop recommendations that: (a) increase the use of least restrictive alternatives for individuals in behavioral health crisis, thereby reducing demand for involuntary treatment, including the demand for involuntary treatment court services; (b) provide for successful re-entry into the community for individuals who have received services from psychiatric hospitals; and (c) focus especially on prevention and intervention services.

The Motion, attached to this report as Appendix B, called for the CABTF to deliver two progress reports and a final report on their work. This report is the third and final report called for by Motion 14225. An index of motion requirements can be found in Appendix A.

Scope and Purpose of This Report

As the final report from the CABTF to the King County Council, this report's main purpose is to present the task force's short- and long-term solutions to address involuntary treatment system demand.

Background

To place its primary content in context, this report begins with significant background on psychiatric boarding and the inpatient psychiatric treatment access crisis, including data and analysis from its first two progress reports:

- Key laws and definitions, especially those associated with the Involuntary Treatment Act (ITA) in Washington State;
- The phenomenon of psychiatric boarding in Washington and King County, including history, major drivers, and the *D.W.* court ruling that helped create momentum for change;
- Early major improvements in direct access to preferred E&T services that were achieved locally as King County and the CABTF responded to the crisis in late 2014 and the first half of 2015;
- Access challenges at Western State Hospital (WSH) beginning in mid-2015 and their effects locally, including the erosion of earlier gains even as legal compliance continued;
- Larger contextual factors and system change processes that present challenges and opportunities in the effort to improve treatment access; and
- Legislative action from 2015 and 2016 that relates directly to involuntary treatment access and community-based alternatives.

Behavioral Health Strategic Plan

The CABTF's strategic plan to improve access to the right care at the right time for people in behavioral health crisis includes:

- Ongoing immediate improvements including **system efficiencies and new partnerships** to improve access to the right care at the right time given existing resources;

³ The terms "mental health" and "substance abuse" are used in the Task Force charter and in Motion 14225. In this report and in the emerging parlance of integration at the local, state, and national levels, the term "behavioral health" is used to encompass both mental health and substance abuse needs and/or services. In Washington, these two previously separate service systems are currently being integrated into one system of care in response to state legislation, 2014's Second Substitute Senate Bill 6312.

- Active support for multiple projects working to bring online a **significant expansion of inpatient psychiatric bed capacity** in King County to address an enduring shortage of such beds; and
- Most significantly, a **broad-ranging, prioritized set of proposed system resources and improvements** that, when resourced and implemented, would significantly reduce involuntary treatment demand.

These system design recommendations are sorted into four tiers. They center around four top priorities for active work and promotion and four top priorities with strong momentum toward implementation, as well as five additional priorities for concurrent action as opportunities arise. The plan also describes six other recommended interventions and endorses ten other approaches viewed by CABTF members as important to support.

Recommendations across the continuum are represented in this plan, including prevention and early intervention; crisis diversion; psychiatric hospital discharge and re-entry; and policy changes. CABTF members used a carefully selected set of prioritization factors and a multistage process to identify these particular improvements as priorities for action.

The CABTF's top priority recommendations are below; second-tier priorities appear on the next page. (Additional recommendations and endorsements may be found starting on page 96.)

Tier 1 Top Priorities for Active Work and Promotion

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| <p>1a. Expand outreach and engagement services for those who are not enrolled with an outpatient community behavioral health agency, including access to comprehensive case management services for people who are ineligible for Medicaid.</p> |
| <p>1b. Expand crisis respite services, including new location(s) and the ability to accept referrals 24/7, and strengthen the staffing model to enable the program to serve more psychiatrically acute individuals and be used as a “step down” from psychiatric hospitalization or a “step up” diversion option for individuals with escalated symptoms.</p> |
| <p>1c. Develop a coordinated inpatient care continuum, exploring the development of local alternatives for the delivery of long-term involuntary psychiatric treatment and easing access to higher-acuity inpatient beds by stepping patients down to less acute care models even before they are ready to discharge to the community.</p> |
| <p>1d. Increase the rates that fund behavioral health programs in the public sector, and expand existing health professional loan repayment programs to allow more types of workers to qualify, in order to promote a robust and sustainable community behavioral health workforce.</p> |

Tier 1 Top Priorities with Strong Momentum toward Implementation

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| <p>1e. Strengthen engagement efforts via open access intake appointments, ensuring engagement by beginning ongoing care promptly and/or providing interim support.</p> |
| <p>1f. Increase the availability, flexibility, and outreach capacity of after-hours response for enrolled outpatient clients of the integrated behavioral health system.</p> |
| <p>1g. Establish a crisis diversion facility in south King County and include an enhanced drop-in center for individuals to use prior to, or instead of, an emergency department or psychiatric hospital stay. Co-locate mobile crisis teams at this facility and distribute such teams geographically throughout the County to ensure coverage.</p> |
| <p>1h. Create a secure detoxification facility and continue to evolve involuntary treatment statutes to support integrated primary and behavioral health care.</p> |

Tier 2 Priorities for Concurrent Action as Opportunities Arise

<p>2a. Create a local center of excellence with specialized units to deliver best practice services to individuals with brain injuries, dementias, and developmental disabilities.</p>
<p>2b. Assess the service-linked housing continuum to determine where capacity is inadequate (including, but not limited to, permanent supported housing, transitional housing, skilled nursing facilities, and adult family homes) and increase capacity where shortages are most acute.</p>
<p>2c. Create residential stepdown programs specifically designed to shorten hospital length of stay and help people maintain stability in the community.</p>
<p>2d. Establish a regional peer bridger program serving patients at all community hospitals and E&T facilities including individuals on the state hospital wait list, and identify indicators to ensure such services discontinue at an appropriate time.</p>
<p>2e. Create a legal procedure for consent to certain health treatments, Medicaid applications, or facility transfers for individuals who appear to lack capacity and lack a surrogate decision maker, while ensuring that individuals still have the right and opportunity to refuse any such treatment.</p>

To support a thoughtful but timely effort to bring these changes to reality, the CABTF has identified several potential initial implementation steps for each of these 13 elevated priorities and has provided them as part of its more detailed recommendation descriptions beginning on page 75 of this report.

Next Steps

The crisis of inpatient psychiatric treatment access is not solved. Although it is and has been the policy and consistent practice of King County to detain and treat people who meet criteria for involuntary treatment in compliance with the law and the Supreme Court's ruling, many such patients are still not receiving the care that best fits their needs.

The CABTF sees great opportunity in the present crisis and intends to remain engaged in the work even as its charter concludes. Task Force members look forward to continuing their role as innovative system problem solvers, with a special focus on bringing partners together to mobilize resources for effective and expedited implementation of these essential priorities.