Washington State Health Care Authority

Report to the Legislature

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

Status report

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

December 1, 2023

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Executive summary

This report is in response to Senate Bill (SB) 5187 (2023), 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 providers to develop and implement a plan to continue the expansion of civil community long-term inpatient beds.

SB 5187 requires HCA to submit three reports to the Governor's office and the Legislature. This report is the third of those reports.

HCA's initial report recommended prioritizing the following strategies:[1]

1. **Develop** an enhanced rate to contracted providers serving individuals with more complex needs
2. **Make** Advanced Crisis Intervention Training available to contracted facilities
3. **Foster** the development of specialized sub-units dedicated to serving individuals with co-morbid cognitive impairments and/or challenging behavior
4. **Prioritize** contracting with additional acute care hospitals with psychiatric units to increase the number of beds that can serve individuals with medical complexity
5. **Consider** the development of a limited number of "no refuse" state-operated facilities
6. **Develop** additional community resources and services to support individuals with the highest level of complex needs in the outpatient and residential setting

Priority strategies summary

Enhanced rate of reimbursement

In lieu of selecting pilot sites to focus on a small number of the harder to serve individuals, it was determined to create an overall rate enhancement for HCA contracted facilities providing care to all individuals on a 90- or 180-day civil commitment as to remain competitive and entice facilities to contract with HCA and care for the harder to service populations. In the 2023 legislative session, an enhanced rate was approved for individuals transferring from the State Hospital on a civil conversion to begin January 2024. Due to the recent ruling by Judge Marsha Pechman in the Trueblood hearing specifying a deadline to discharge a certain number of civil patients by mid-September, this rate was implemented, and the HCA worked quickly to bring civil conversion-only beds online.

An enhanced rate of reimbursement for serving individuals with complex medical and/or behavioral needs continues to be needed to broaden who can be treated in the HCA contracted beds. An enhancement will provide sufficient staffing levels and expertise for providers to be confident and capable of serving these individuals. The HCA is continuing to explore options regarding an enhanced rate for individuals with complex medical and/or behavioral care needs. Additional detail is provided in the *Progress on prioritized solutions* section below.

[1] This report is informational and does not confer any rights or additional benefits for long-term care civilly committed individuals. The proposals within this report require legislative changes and additional funding mechanisms to implement the goals of SB 5092.

Advanced Crisis Intervention Training (ACIT)

HCA had attempted to identify a funding source to contract for the ACIT trainings in order to offer the training to currently contracted facilities during the calendar year 2024. Facilities have indicated they would take advantage of this training opportunity once the funding barrier is resolved. Currently, this training is no longer being pursued.

Given that the HCA contracted providers have indicated they would be open to receive a different type of training and support that relates to the needs of the LTCC population, the focus of trainings for the HCA contracted facilities is clinical in nature, specifically Cognitive Behavioral Therapy for psychosis (CBTp) as discussed in the *Follow up* section of this report.

Development of specialized sub-units

The concept of specialized sub-units will continue to be revisited as the HCA continues to discuss with DSHS/BHA how to create capacity to serve individuals who have not been successfully served or admitted to community contracted beds. HCA and DSHS/BHA will continue to engage in discussions about this need and how to address it as the populations shift between settings and the system realigns.

Acute care hospital capacity

HCA continues to seek additional capacity within acute care hospitals to serve those with more complex medical needs, in addition to their psychiatric treatment. There are currently 23 beds under contract in two hospitals with an additional 18 anticipated in late 2023 to early 2024. HCA continues to reach out to existing facilities to build further capacity for these types of beds in the coming year.

The new Center for Behavioral Health and Learning located on the University of Washington Medical Center Northwest Campus will be a one-of-a-kind fully integrated welcoming and healing environment for individuals struggling with serious physical and behavioral health problems. The number of beds at this facility dedicated to individuals on a 90- to 180-day civil commitment order will be 75 and is anticipated to open in June 2024.

Development of no refuse state operated facilties

A no-refuse facility would need to accommodate the wide range and variety of all clinical and medical presentations to include complex medical care, psychiatric care and care for individuals displaying limited cognitive functioning. There are currently zero no-refuse beds online. Additional information can be found in the *Follow up* section of this report

Uniform screening tool

As a result of separate but parallel workgroup activities, both DSHS and HCA identified similar groups of individuals who are struggling to access care in the current array of beds providing care to individuals on 90- or 180-day civil commitment orders.

We continue to partner on expanding long-term civil capacity in the community and can better identify the needs and existing gaps and are making progress to close them. An example of this is the development of a uniform screening tool, which matches patient needs with treatment locations.

As this tool continues to be utilized, we are learning more about the state's existing network of providers and treatment settings. The goal of using this tool is to help us better understand whether state agencies need to operate facilities that will admit those with the most challenging behaviors and needs.

Washington's first intensive behavioral health treatment facility

In 2023 the first-ever intensive behavioral health treatment facility (IBHTF) opened in Olympia, WA. This facility type 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 lack of sufficient discharge options. The HCA anticipates an additional (up to) nine (9) IBFTFs coming online in the next 24 months, with the 2nd facility of its kind opening in the Fall of 2023 in Renton, WA.

Recent developments

Civil conversion beds

Beginning in July 2023, the HCA worked closely with DSHS/BHA to rapidly procure beds for individuals needing to transfer out of Western State Hospital on a civil conversion. None of the civil conversion beds added were new capacity, rather the HCA leveraged existing LTCC capacity.

HCA continues to participate with DSHS/BHA to maintain a uniform screening tool. This tool assisted BHA in finding the appropriate facility during the process of transferring individuals moving to a community facility who are on a civil conversion order.

Progress on prioritized solutions

The work group revisted the identified potential solutions to the various gaps and barriers that are preventing admissions. During this past calendar year, HCA, in partnership with DSHS, continued to make progress with a number of strategies identified in the previous report, as well as other related efforts.

Enhanced rate and specialized units

HCA is currently limited to offering inpatient facilities the published rate for services, with the exception of individuals transferring from a State Hospital to a community LTCC bed. Individuals entering into the LTCC system who would have historically been transferred to a State Hospital and who have complex care needs are still not eligible for an enhanced rate. This has resulted in ongoing barriers placing individuals who are "stuck" in emergency departments resulting in litigation, and the inability for individuals to transfer out of short term acute care hospital or E&T beds, impacting availability of crisis beds for the community. An enhanced rate of reimbursement would allow contracted facilities to create staffing patterns necessary to provide the increased observation, assistance, medical needs, and behavioral supports required to meet the needs of more complex patient populations. An enhanced rate would also help these facilities maintain the safety of all patients and staff.

Some individuals require ongoing one-on-one observation and others may require a four clients to one staff ratio in order to safely support an individual should there be a need for physical intervention. Additional staff also creates the capacity for these facilities to provide needed training to their staff, and specialized behavioral supports. When facilities send their staff to trainings, a workforce shortage is created, which results in an all-around hardship. An enhanced rate would incentivize current and future contracted facilities to serve more challenging populations by compensating facilities sufficiently to make the needed staffing and facility adjustments described.

Warning signs of financial distress to the LTCC system are rising which threatens its sustainability e.g., Washington State Department of Commerce (DOC) funded programs with built facilities unable to open/operate at the existing rate. Providers are reporting they have experienced substantial increases in operations costs over the past several years that are not accounted for in the existing rate structure or methodology. Further complicating the issue, Managed Care Organizations (MCOs) are receiving and providing a 15 percent pass through rate increase to MCO funded Evaluation and Treatment (E&T) beds in January 2024, whereas the rate for E&T facilities contracting directly with the Heath Care Authority (HCA) are not receiving a rate/funding increase. This is compounded by the fact MCOs and BH-ASOs have consistently negotiated direct contracts with providers with rate increases that have far outpaced the LTCC rate.

It is currently estimated that 16-bed Residential Treatment Facilities (RTF)/E&Ts serving individuals on short term civil commitment (e.g. 120 hour and 14 day detentions) through MCO contracts are receiving on average approximately $1,200-$1,300 per person/per day, with some facilities at more than $1,500 per bed/per day, while LTCC contracted psychiatric hospitals and E&Ts and are being reimbursed at, or close to, a rate of $940 per bed/per day. The current trajectory of funding substantially disincentivizes community inpatient providers to serve the growing number of individuals identified in the Governor's plan, let alone dedicated beds to the population.

Initial report key findings follow-up

Advanced Crisis Intervention Training (ACIT)

DSHS is no longer going to be able to provide HCA contracted facilities with the ACIT training and funding to offer HCA contracted facilities the ACIT training was not available during FY 23 or FY 24. Additionally, providers are seeking a different type of training and support that focuses more on clinical care and programming, therefore this training is no longer being sought. While funding to provide the ACIT training to facilities was not attainable, the HCA was able to secure a continuation of funding, part of which is being used to provide Cognitive Behavioral Therapy for Psychosis (CBTp) and is discussed below.

Cognitive Behavioral Therapy for Psychosis (CBTp)

While funding to provide the ACIT training to facilities was not attainable, the HCA was able to secure a continuation of funding, part of which is being used to provide Cognitive Behavioral Therapy for Psychosis in the format of a dyad to a small pilot of contracted facilities providing 90- or 180-day civil commitment beds. This work is being done in collaboration with the University of Washington's SPIRIT (Supporting Psychosis Innovation through Research, Implementation, and Training) Lab. Cognitive Behavioral Therapy for Psychosis (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. CBTp provides training and expertise that empowers and encourages providers to serve individuals with more complex or acute behavioral care needs with a component of psychosis. The certification provided also provides a workforce incentive to both the provider and individaul practitioner, and has been demonstrated through research as an evidence based intervention that benefits this small subset of individuals requiring involuntary long term treatment. The HCA is exploring options to expand CBTp training.

No-refuse facilities

DSHS' new facilities that are coming online are not considered no-refuse facilities, meaning they will not provide access to care for those individuals with the most complex care needs coming from an acute care hospital, evaluation and treatment facility, or stand-alone psychiatric hospital. Individuals with complex medical and cognitive issues will not be served in the new facilities being created. These facilities will be be focused on meeting the needs of Western State Hospital by transferring individuals who are on a civil conversion orders to facilitate creating 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. There is a great need for a state owned and operated no-refuse facilities that could accommodate individuals who are currently "stuck" in acute care hospitals on a Single Bed Certification. A no-refuse facility could provide the highest level of care in the State to the relatively small percentage of the overall population needing evaluation and treatment under RCW 71.05.

Prioritize contracting with acute care hospitals

While additional beds are still needed in acute care hospitals, HCA is currently adding 4 more contracted beds with 14 more to come in early 2024. HCA reached out to acute care hospitals across the state and MultiCare in Auburn has offered to provide 4 beds to individuals on a 90- or 180-day civil commitment order. These will be contracted as flex beds to allow for the facility to utilize them according to community needs. **Astria Hospital in Toppenish** is currently working on their Commerce-funded remodeling and will be adding fourteen new beds (28 total) to their facility. The **University of Washington's** new center for behavioral health and learning (teaching hospital) is anticipated to open during the 3rd quarter of calendar year 2024 and will be able to provide 75 beds to treat individuals with co-occuring psychiatric and medical needs. HCA continues to seek out more capacity in acute care hospitals that will meet this important need.

Development of additional community settings to support discharge and facility throughput

Additional facilities and support are needed in the community to serve populations who often are refused admissions due to difficulty locating a discharge setting. The first Intensive Behavioral Health Treatment Facility opened in Olympia, WA in December 2022, with others expected to follow. Other efforts that may greatly assist with this issue include: the behavioral health personal care waiver application, Intensive Residential Treatment team pilots, and the expansion of PACT teams.

There are ten projects currently funded by the Department of Commerce, with various projected dates of completion in the 23-25 biennium. The first facility became operational in December 2022 and is in Olympia, Washington. The next facility to open will be Aristo Health in Renton, Washington with a projected opening in late 2023.

HCA has been working with the awardees and has contracted with Advocates for Human Potential for technical assistance to further develop the facilities and provide support while the facilities are being built. Additionally, HCA will contract with facilities to provide start-up funds for equipping the facility with staff, furniture, and other equipment necessary for operation.

DSHS' uniform screening tool

HCA continues to participate in a DSHS-led effort to create a uniform screening tool. This tool has been used to assess the needs of individuals on a civil commitment to one of the State Hospitals to ensure they are admitted to the most appropriate inpatient setting to meet their needs and ensure their success upon discharge. This tool is currently being used and continues to be refined.

The development of this uniform screening tool has helped us understand the needs of the populations to be served in these different community facility settings. Ultimately, this tool may help the state identify the need for state-run sites to act as no-refuse facilities for those who are the most difficult to place.

The HCA is reviewing the uniform screening tool alongside DSHS/BHA and the University of Washington to make any necessary changes to ensure an accurate fit in finding an appropriate bed at the teaching facility.

Uniform discharge process

HCA is working closely with contracted facilities and the MCO and BH-ASO representatives to create a uniform discharge process. This will create a more streamlined process and better coordination of the discharge planning process. HCA is also examining contract language to determine if facilities' contracts need to be adjusted to ensure consistent understanding of roles and responsibilities.

Since the inception of the 90- and 180-day program in 2018, the state has increased its capacity for more beds and facilities to help those with complex medical needs. Our state's growth in this area has largely come from Commerce-funded capital grant procurements, state-initiated and/or operated facilities, and inclusion of civil conversion populations.

Conclusion

Enhanced rate

If an overall rate increase and/or enhanced rates for individuals with more complex medical and/or behavioral health needs are approved and funded by the Legislature, HCA will work with contracted facilities to review increased staffing levels and recommended enhancements to programming. A newly hired Quality Administrator will be providing oversight to contracted facilities in the areas of bed utilization, clinical programming/quality, and comprehensive discharge planning.

Continuing cross-agency efforts

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

Partnership with DSHS

HCA works closely with the DSHS Behavioral Health Administration (BHA), Aging and Long-Term Support Administration (ALTSA), and Developmental Disabilities Administration (DDA) on staffing options for people with difficulty discharging. These transitions could occur in either an inpatient setting or a setting post-discharge. HCA and ALTSA staff often act as the liaison between the contracted facilities and MCOs to assist in forging those relationships for the best possible outcome for those we serve.

HCA continues to work with DSHS on forming a uniform screening tool to assess the needs of everyone who has been committed on a 90- or 180-day civil order, so they are admitted to the most appropriate inpatient setting to meet their needs and ensure their success upon discharge. The goal is to increase the number of appropriate referrals to the right setting and to see commensurate positive placement outcomes. This uniform screening tool will also help us gain more information about what levels of care individuals are needing, whether they come from a state hospital or the community. This is being piloted with transitions between BHA facilities and from BHA facilities to community LTCC facilities.

IBHTFs provide a continuity of care for individuals who meet medical necessity and are meant to provide ongoing residential treatment to those who no longer benefit from state hospitalization but need additional treatment, resources, and support to fully integrate back into their communities.

HCA staff participated in a DSHS/BHA-run work group to identify gaps within the system that are barriers to individuals on a 90- or 180-day civil commitment order receiving inpatient treatment. Identified gaps included:

- Individuals with complex medical issues,
- Individuals with acute aggressive behaviors like those that occur with traumatic brain injuries or neurocognitive disorders, and
- Gaps within the system that enable individuals with these behaviors and/or disorders to discharge from a 90- to 180-day civil commitment bed to the community, addressing the throughput.

Of the items identified as gaps in the system, we determined the following list as a priority. HCA is working on these items for potential funding. If they are not put forward this year, they will remain on the forefront for discussion for future sessions:

- Lack of guardians for state hospital discharges,

- Payment for sex offense treatment in state hospitals and post-discharge, and
- Specialized Traumatic Brain Injury (TBI) facility for individuals with long-term support needs.

Next steps

With the continued insight of participants in a work group, HCA identified 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 and 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.