

DBHR listening session for behavioral health service providers

Tuesday May 24, 1:30 to 2:30 p.m.

Behavioral health providers have the power to stop an overdose. [Learn more.](#)

Teams listening session norms

- ▶ Mute yourself if you are not speaking.
- ▶ Raise your hand if you want to speak.
- ▶ This time is for you. Ask questions, give comments, ask for help if you need it.
- ▶ If we cannot answer your question on this call, we will follow up after the webinar.

Disclaimer

- ▶ This webinar is being recorded and will be posted to the HCA COVID-19 page.
- ▶ This recording is open to public disclosure.
- ▶ Please do not disclose any private or confidential information.

Agenda

Subject	Who
• Welcome	• Michael Langer
• DBHR updates	• Michael Langer
• COVID updates	• Dr. Fotinos
• Assisted Outpatient treatment and 1477/988	• Allison Wedin and Matt Gower
• Department of Commerce RFP	• Matt Mazur
• Questions	• All

DBHR updates: prevention

- ▶ Washington State Healthy Youth Survey (HYS) 2021 Results Drop-In Hours.
 - ▶ Bring your HYS results and data questions and receive live technical assistance from the HYS data and epidemiology team.
 - ▶ Tuesday, June 7, 1-2:30 p.m. on Microsoft Teams
- ▶ Region 10 Opioid Summit registration is open.
 - ▶ This year's August 3-4 summit includes multiple breakout sessions focused around prevention, special interventions, treatment and recovery.
 - ▶ [Register or learn more](#) for this free event.

DBHR updates: prevention

- ▶ The 2022 virtual Spring Youth Forum was a success.
 - ▶ This year, the agenda included an inspiring welcoming from HCA leaders and a keynote as well as a number of youth development workshops.
 - ▶ The day ended with a youth town hall, youth reflections, and an opportunity to recognize youth across the state.
- ▶ HCA will host the 2022 Washington State Provider Meeting and Prevention Summit this November in a hybrid format.
 - ▶ The in-person portion will be held in Yakima, WA at the Yakima Convention Center. The virtual option will include livestreaming for those to take part remotely.
 - ▶ More information on the hybrid format will be shared as the agenda is finalized in the coming months.
 - ▶ [Stay informed](#)



DBHR updates: prenatal-25

- Looking for innovators and provider partners interested in thinking about delivery for our children youth young adults and families in new ways.
- ▶ 3 Initiatives rolling out that are child youth and family centered admission first diagnosis and funding second.
 - ▶ Mobile response stabilization child youth and family crisis (as defined by them) teams -lead Sherry Wylie and team
 - ▶ Residential Crisis Stabilization Program – lead Tina Burrell and team
 - ▶ Regional Youth Behavioral Health Navigators – leads Diana Cockrell, Ruth Leonard and teams

DBHR updates: prenatal-25

- ▶ Re-Imagining Youth Young Adult substance use and co-occurring care -Lead Amanda Lewis.
 - Youth long term Habilitative Mental Health Unit designed to serve young people experiencing co-occurring mental health, Intellectual Developmental Disorder/Autism Spectrum Disorder – lead Mandy Huber.
 - Pregnant and Parenting services and supports to keep parents and children connected through substance use care
- ▶ Providers and Partners also needed for :
 - ▶ Children’s Long term Inpatient Program Expansion – lead LaRessa Fourre
 - ▶ Family Initiated Treatment education and provider engagement skills in serving young people in contemplation stages of change – lead Monica Webster
 - ▶ Explore mental health Intensive Outpatient and partial hospitalization models for children and youth – lead Enos Mbajah
 - ▶ New Journey’s First Episode Psychosis programs – lead Becky Daughtry

DBHR updates: Recovery support services

- ▶ PeerWA is the successful bidder for the ombudsman contract.
- ▶ HCA currently averages over 140 approved Certified Peer Counselor (CPC) applications per month.
- ▶ Medicaid Transformation Project waiver renewal is open for public comment through Monday, June 13.

DBHR updates: Recovery Support Services from the National Stage

- ▶ The Department of Health and Human Services will host the first Behavioral Health Recovery Innovation Challenge.
 - ▶ The challenge will identify innovations developed by peer-run or community-based organizations, and entities that may partner with them.
 - ▶ Submission are due July 15, 2022, through [the SAMHSA Recovery Innovation Challenge page](#).
 - ▶ Finalists will be announced on August 6 and must give presentations to a panel of judges from September 2-9, 2022.
 - ▶ Up to 10 awards with a prize up to \$400,000.

COVID-19 updates

- ▶ Omicron status
- ▶ PPE updates
- ▶ Updated guidance for health care facilities:
 - ▶ [Interim Recommendations to Mitigate Health Care Worker Staffing Shortage During the COVID-19 Pandemic](#)
 - ▶ [Preventing Transmission of SARS-CoV-2 During Aerosol Generating and Other Procedures](#)
 - ▶ [How to stay up to date with COVID-19 vaccines](#)

SHB 1773: An act relating to assisted outpatient treatment (AOT) for persons with behavioral health disorders

Major Changes Summary:

- Removes references to AOT process in multiple sections and places AOT processes into one section: RCW 71.05.148 (and new section in RCW 71.34)
- Adds list of professional persons who may file for AOT (formerly was only a DCR) and that an accompanying declaration from a medical professional examining person within 10 days be attached to petition or from a mental health provider (co-signed by a medical professional).
 - The director of a hospital, or the director's designee, where the person is hospitalized;
 - The director of a behavioral health service provider, or the director's designee, providing behavioral health care or residential services to the person;
 - The person's treating mental health professional or substance use disorder professional or one who has evaluated the person;
 - A designated crisis responder;
 - A release planner from a corrections facility; or
 - An emergency room physician.
- Changes length of outpatient treatment on an AOT order from 90 days to up to 18 months
- Removes language that previously excluded a person on an AOT order from the revocation process to inpatient treatment (the allowance prior was only for a DCR to consider initial detention process). An AOT order may now be revoked by a DCR (only) and the person may be held for up to 14 days of inpatient treatment.
- Expands criteria for "in need of AOT" to include history of emergency medical care (within 36 months) or history of one or more violent acts (within 48 months)
- Adds AOT process for adolescents to the minor statute RCW 71.34

SHB 1773: An act relating to assisted outpatient treatment (AOT) for persons with behavioral health disorders

Major Changes Summary continued:

- Requires the court to fix a hearing date 3 to 7 days after the date of service or as stipulated by the parties but no later than 30 days.
- Allows the court to conduct an AOT hearing in the respondent's absence if the respondent fails to appear and is represented by counsel.
- Allows the court to order a mental examination of the respondent if the respondent previously refused to be examined by a qualified professional.
- Changes terminology from written order of apprehension to “warrant”
- Requires the behavioral health administrative services organization, to provide notice to the tribe and Indian health care provider regarding the filing of an assistant outpatient treatment petition concerning a person who is an American Indian or Alaska Native who receives medical or behavioral health services from a tribe within the state of Washington.
- Removes AOT as option from Joel’s Law process
- Adds consideration of filing an AOT petition for a person hospitalized on a 90 or 180 order who is no longer requires an inpatient level of care
- The behavioral health administrative services organization shall employ an assisted outpatient treatment program coordinator to oversee system coordination and legal compliance for assisted outpatient treatment under RCW 71.05.148 (re AOT)
- Requires the Administrative Office of the Courts to develop court forms and a User's Guide for filing an AOT petition.

Expands criteria for “in need of AOT” to include history of emergency medical care (within 36 months) or history of one or more violent acts (within 48 months) Statute reference RCW 71.05.148 (and new section in RCW 71.34)

RCW 71.05.148

- (1) A person is in need of assisted outpatient treatment if the court finds by clear, cogent, and convincing evidence pursuant to a petition filed under this section that:
- (a) The person has a behavioral health disorder;
 - (b) Based on a clinical determination and in view of the person's treatment history and current behavior, at least one of the following is true:
 - (i) The person is unlikely to survive safely in the community without supervision and the person's condition is substantially deteriorating; or
 - (ii) The person is in need of assisted outpatient treatment in order to prevent a relapse or deterioration that would be likely to result in grave disability or a likelihood of serious harm to the person or to others;
 - (c) The person has a history of lack of compliance with treatment for his or her behavioral health disorder that has:
 - (i) At least twice within the 36 months prior to the filing of the petition been a significant factor in necessitating hospitalization of the person, or the person's receipt of services in a forensic or other mental health unit of a state correctional facility or local correctional facility, provided that the 36-month period shall be extended by the length of any hospitalization or incarceration of the person that occurred within the 36-month period;
 - (ii) At least twice within the 36 months prior to the filing of the petition been a significant factor in necessitating emergency medical care or hospitalization for behavioral health-related medical conditions including overdose, infected abscesses, sepsis, endocarditis, or other maladies, or a significant factor in behavior which resulted in the person's incarceration in a state or local correctional facility; or
 - (iii) Resulted in one or more violent acts, threats, or attempts to cause serious physical harm to the person or another within the 48 months prior to the filing of the petition, provided that the 48-month period shall be extended by the length of any hospitalization or incarceration of the person that occurred during the 48-month period;
 - (d) Participation in an assisted outpatient treatment program would be the least restrictive alternative necessary to ensure the person's recovery and stability; and
 - (e) The person will benefit from assisted outpatient treatment.

Assisted outpatient treatment update

- ▶ Funding is provided for implementation of Substitute [HB 1773](#) (assisted outpatient treatment)
 - ▶ The bill will change procedures related to Assisted Outpatient Services (AOT) provided under the Involuntary Treatment Act (ITA).
 - ▶ Includes funding for costs associated with increased ITA court hearings
 - ▶ Increased AOT treatment services
 - ▶ Regional staff for implementing requirements of the bill.

Timeline FY 2023 July 1, 2022-June 30, 2023

- ▶ Funding for court hearing & Treatment Services will be provided to King County and Pierce County, through ASO Contract.
- ▶ Funding for each BHASO will be provided for an Assisted Outpatient Treatment Program coordinator position.
- ▶ Funds will be distributed annually to each BHASO region, through ASO Contract, for the AOT Program Coordinator position.
 - ▶ The BHASO AOT Program Coordinator funding is provided in FY2023 to hire, train and work with the HCA AOT program staff to develop program requirements, policy and procedures, and implement them within the ASO region.
 - ▶ The program will require collaboration with existing judicial and ITA type hearing resources.
- ▶ The goal is to have a AOT LRA/LRO program in operation by July 1, 2023.

Timeline FY2024 July 1, 2023-June 30, 2024

- ▶ Funding for court hearing & Treatment Services will be provided to King County and Pierce County, through ASO Contract.
- ▶ Funding for court hearing and treatment services will be distributed to Regions with an HCA approved plan to implement AOT LRA/LRO program by 7/1/2023.
 - ▶ The specific distribution of these funds will be intended to follow the clients served. The method of distribution will be developed by 7/1/2023.
 - ▶ Funding for each BHASO will be provided for an Assisted Outpatient Treatment Program coordinator position.
- ▶ Funds will be distributed annually through BHASO contract to each BHASO region for the AOT Program Coordinator position.



Open forum: All questions are welcome

Behavioral health provider resources

- ▶ [Department of Health Situation reports](#)
- ▶ [Department of Health coping with COVID blog](#)
- ▶ [Proposed 2021-2023 state budget](#)
- ▶ [DOH information on PPE](#)

Thanks for your time!