

Fact sheet

90- or 180-Day Long Term Civil Commitment bed capacity

Overview

The Health Care Authority (HCA) contracts with community hospitals and freestanding evaluation and treatment (E&T) facilities. The contract agreements maintain capacity for long term involuntary inpatient psychiatric treatment. The contract agreements maintain capacity for long-term involuntary inpatient psychiatric treatment. Individuals receive treatment in these settings rather than at the state psychiatric hospitals, allowing them to remain in or return to their communities. The community location improves the discharge planning process and keeps the individual’s friends and family members in closer proximity.

Thus far, most of the contracted beds have been filled by individuals who were originally admitted for 5-day holds, who then converted to 14-day holds, and subsequently received a long-term civil commitment (LTCC) order; either 90-day or 180-day. These individuals were diverted from the state hospital and its waiting list and received better continuity of care. This trend is noticeably shifting as the number of online LTCC beds increases.

One contracted provider reported that the decision to participate in this program was due in part to multiple requests by individuals on a short-term hold to continue their treatment in the same setting. Continuity of care offers more consistency in treatment and reduces the disruption associated with transition of treatment settings.

Staff at contracted facilities are reporting success with the ability to provide continuity of care. They have stated that they are encouraged by the ability to observe care for the individual from admit to discharge.

A noticeable trend is that individuals in these long-term beds are stabilizing and being discharged before the 90-day period is up. The average stay in calendar

2020 for individuals in this program has been six weeks.

One of HCA’s contracted providers’ offers psychiatric care to medically compromised individuals. This niche has been a bonus for individuals who otherwise may not receive appropriate medical care in parallel with long-term psychiatric care.

Current numbers

The current count of long-term beds is 140. An anticipated 117 additional beds are projected to bring the total number of beds to 257 by the end of calendar year 2022. Further detail is provided in this section addressing current numbers.

Contracted facilities as of December 3, 2021:

Facility	Location	Number of 90- to 180-day civil beds
Astria Hospital	Toppenish	10 designated LTCC beds with 4 short/long-term flex beds
Cascade Mental Health Care	Centralia	2 designated LTCC beds with 2 short/long term flex beds
Providence Health	Everett	3 designated LTCC beds with 3 short/long term flex beds
Frontier Behavioral Health	Spokane	4 designated long-term beds with 6 short/long term flex beds

Kitsap Mental Health Services	Bremerton	4 beds
NorthSound Telecare	Sedro Woolley	1 designated long-term bed with 2 short/long term flex beds
PeaceHealth St. John	Longview	2 beds
South Sound Behavioral Hospital	Lacey	30 beds
Telecare Next Steps	Olympia	11 beds
Telecare Next Steps	Shelton	16 beds
Yakima Valley Memorial Hospital	Yakima	6 beds (serves medically and psychiatrically complex population)
Navos Hospital	Burien	30 beds (contract partially executed as of 12/3/21)

A total of 1,004 admissions have occurred between the period of October 2018 and November 2021.

Recruitment efforts and future capacity

HCA contacted facilities who received Department of Commerce direct appropriation dollars for the purpose of providing 90- or 180-day beds. These facilities will be repurposing either existing units, obtaining an existing building, or standing up a new facility.

Facilities who have received direct appropriation dollars include:

Facility	Location	Number of Beds	Projected to Open
Yakima Valley Memorial Hospital	Yakima	6 (this is in addition to the current beds online)	1 st Qtr. 2022
Astria Hospital	Toppenish	14 (this is in addition to the current 14 beds online)	4 th Qtr. 2022
Lifeline Connections	Vancouver	16	2 nd Qtr. 2022
Thurston Mason ASO	Tumwater	6	3 rd Qtr. 2022
Recovery Innovations	Olympia	16	1 st Qtr. 2022
Recovery Innovations	Federal Way	16	2 nd Qtr. 2022
Compass Mental Health	Everett	16	4 th Qtr. 2022
Unity Evaluation & Treatment	Whatcom or Skagit county	16	4 th Qtr. 2022
Providence Mt. Carmel Hospital	Colville	1	2022

HCA conducts continuous recruitment efforts to increase long term civil commitment beds with licensed acute care (community) hospitals with behavioral health units and free-standing E&Ts through direct outreach and associations.

- Facilities identified by the Washington State Hospital Association (WSHA) to provide future long term civil commitment beds include:
 - 50 beds at UW Medicine Behavioral Health Teaching Hospital – Seattle



Identified challenges

Various stakeholders have communicated the following barriers:

- Hesitancy to take short-term beds offline in lieu of long-term use
- Existing capacity is too scarce to use as placeholders for long-term
- Counties anticipate increased transportation and court costs
- Capital costs for facility redesign
- Capital dollars may be insufficient
- Operational costs
- HCA observation the initial legislation limited contracting with stand-alone psychiatric hospitals during the first stages of implementation
- Culture shift from short-term beds to long-term bed beds existing outside of a state hospital

Strategies to address challenges

- HCA developed a marketing plan to encourage participation
- HCA has worked closely with the Washington State Department of Commerce on the RFP questions to increase the number of facilities providing long term beds
- DBHR staff provides ongoing technical assistance to contracted providers via routine conference calls, and ad hoc communication
- Provide contracted facilities with the incentive of a startup rate
- Developed and distributed a comprehensive toolkit to provide current and new facilities a recipe for success!

Rates

Filled contracted beds receive reimbursement based on the current Inpatient Prospective Payment System (IPPS).

The start-up bed rate is provided to each contracted facility to assist them as they create processes and procedures to keep the beds filled. Currently, contracted beds that are unoccupied during a billing cycle are reimbursed at a start-up rate that is facility dependent and consists of a calculation based on years providing LTCC beds.

Beginning in FY 2023 as directed by ESSB 5092, payments to the contracted provider for unoccupied bed days shall not exceed six percent of their annual contracted bed days.

More information

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