Involuntary Treatment System Integration – Updates as of 06/07/2018

During the 2016 Washington State Legislative session, House Bill (HB) 1713 passed and made significant changes to clinical practice and procedure for substance use disorder (SUD) treatment under existing laws, particularly in chapters 71.05, 71.34, 70.96A, and 71.24 RCW. These changes led to the implementation of Secure Withdrawal Management and Stabilization (SWMS) facilities in the state of Washington to provide a place for individuals who are determined to need involuntary treatment for a substance use disorder to receive treatment.

HB 1713 Sec. 201 (2016) made changes to multiple aspects of the behavioral health system. To this end, the state was given the following responsibilities to complete two designated primary tasks. This is an update of the designated primary tasks since February 14, 2018.

1. Developed Training Process to train Designated Mental Health Professionals (DMHPs) to become Designated Crisis Responders (DCRs) by April 1, 2018.

The Division of Behavioral Health and Recovery has developed a 16-hour training program for current Designated Mental Health Professionals (DMHPs) in consultation with the Washington Association of County Designated Mental Health Professional and is currently providing the training statewide for DMHPs to become Designated Crisis Responders (DCRs) per RCW 71.05 and RCW 71.34 by April 1, 2018.

To date, DBHR has trained nearly 500 DMHPs across the state to become DCRs by April 1, 2018. The purpose of this training is to provide state mandated training to ensure all DMHPs understand current state law that requires DMHPs/ DCRs to evaluate an individual(s) in need of mental health or medically assisted withdrawal management services; along with meeting the legal criteria for involuntary treatment as a result of a mental health or a substance use disorder.

DBHR is committed to providing training for new staff hired after April 1, 2018 on a quarterly basis and will continue to train Designated Crisis Responders until April 1, 2020.

2. DBHR continues to provide ongoing technical assistance in the development of Secure Withdrawal Management & Stabilization Facilities.

DBHR has provided training to the courts and hospitals on the requirements of HB 1713 and the pending changes in (ITA) law.

DBHR has provided funds for the Washington Association of Designated Crisis Responders (WADCR) to provide a 40 hour training program for new DCRs. The WADCR currently provides at least 2 weeklong trainings per year. Additionally, DBHR has also provided training to agencies that have submitted a letter of interest in developing withdrawal management and stabilization services and is working to contract with a local community college to provide accelerated on-line Chemical Dependency Professional (CDP) training for DCRs.

In an effort to streamline the process and incorporate feedback from stakeholders, DBHR included the new secure withdrawal management and stabilization (SWMS) rules from 388-877B WAC and re-organized them into chapter 388-877 WAC. They are joined right under the rules for our Detox facilities (which we now call “withdrawal management”). If you would like to review the Recently Adopted Rules and actual effective date, please visit the link below:
HB 1713 mandated that at least one sixteen-bed (16) secure detoxification facility be operational by April 1, 2018, and at least two facilities be operational by April 1, 2019.

On April 1, 2018 two adult facilities opened ahead of schedule and are currently providing withdrawal management services with additional capacity than originally mandated by HB 1713.

- **American Behavioral Health Services (ABHS) Chehalis (21) beds**
- **American Behavioral Health Services (ABHS) Spokane (24) beds**

DBHR requested funding during the recent legislative period for the development of secure detoxification facilities development. The Department of Commerce provided funding during 2017-2019 through a Behavioral Health Facilities Grant (Senate Bill 6090).

The Department of Commerce, along with the Department of Social and Health Services and the Health Care Authority, will issue grants through a competitive process to community hospitals, Secure Withdrawal Management and Stabilization Facilities and other community entities to continue to expand and establish new capacity for behavioral health services across the state.