

Washington State Department of Social and Health Services

Transforming
Lives

REPORT TO THE LEGISLATURE

RCW 71.05.365 Fourteen Day Standard – 2021 Progress Report

Engrossed Substitute Senate Bill 5092, Section 202(1)(f)

Behavioral Health Administration
PO Box 45050
Olympia, WA 98504-98504
(360) 338-5005
<http://www.dshs.wa.gov/bha>



Table of Contents

Contents

| | |
|---|---|
| EXECUTIVE SUMMARY | 3 |
| BACKGROUND | 3 |
| Discharge Planning Process | 4 |
| Data Tracking Systems | 5 |
| DISCHARGE TRANSITION PLAN DEVELOPMENT..... | 5 |
| Impact of COVID-19 on Discharge Planning Timelines..... | 6 |
| Notification of Behavioral Health Entities | 6 |

EXECUTIVE SUMMARY

The 2021 Washington State Legislature enacted Engrossed Substitute Senate Bill 5092 – the 2022-2024 Operating Budget. Section 202 (1)(f) of the bill, provided \$100,000 in fiscal year 2022 and \$100,000 in fiscal year 2023 for the Department of Social and Health Services to track compliance with RCW 71.05.365 requirements for transition of state hospital patients into community settings within fourteen days of the determination that they no longer require active psychiatric treatment at an inpatient level of care. The reporting requirement of the bill states:

The department must use these funds to track the following elements related to this requirement:

- (i) The date on which an individual is determined to no longer require active psychiatric treatment at an inpatient level of care;*
- (ii) the date on which the behavioral health entities and other organizations responsible for resource management service for the person is notified of this determination; and*
- (iii) the date on which either the individual is transitioned to the community or has been re-evaluated and determined to again require active psychiatric treatment at an inpatient level of care.*

The department must provide this information in regular intervals to behavioral health entities and other organizations responsible for resource management services. The department must summarize the information and provide a report to the office of financial management and the appropriate committees of the legislature on progress toward meeting the fourteen day standard by December 1, 2021 and December 1, 2022.

BACKGROUND

Historically, Eastern and Western state hospitals have operated differently, functioning as two fully separate and distinct entities. Each state hospital’s data system was created separately; the policies and procedures of each are separate and distinct.

To implement tracking and compliance with RCW 71.05.365 the department determined it would need to:

- Establish, implement, and operationalize a BHA-wide definition and policy for “no longer requires active treatment at an inpatient level”; and
- Develop a data system to track the data elements identified in the budget proviso.

The department created the position of Director of Community Transitions in January of 2019. The BHA Director of Community Transitions focused on working with the state hospitals and other agencies, administrations, and community partners to improve internal and external processes related to discharge planning and Behavioral Health Transformation.

Discharge Planning Process

For many patients, there are regulatory requirements and processes that must be followed before discharge can occur. For some, there are complex barriers that their care teams work to resolve ahead of discharge. The charts below detail these processes and barriers and their associated timeframes.

| Regulatory Requirements | Timeframe | Additional Notes | RCW |
|-------------------------|-------------------|---|---|
| Risk Assessments | 14-30 days | Discharge review required | 71.05.232 |
| Notifications | 14-45 days | Prosecutor, law enforcement, victim witness | 71.05.325, 71.05.330, 71.05.425, 4.24.545 |
| LRA Court | 7-30 days | Court scheduling times vary and may be continued | 71.05.320, 71.05.325 |
| DOC Approval | 30 days preferred | DOC must approve the discharge location once | |
| PSRP Review | reviewed monthly | When required for those committed under 71.05.280(3)(b) | 10.77.270 |

| Formal Processes | Timeframe | Additional Notes |
|--------------------------------|--------------------|--|
| HCS CARE Assessment | 14-45 days | Regulations allow 30 days after the assessment for the final determination of eligibility |
| Establishing Guardianship | 6 months - 3 years | Lack of guardianship resources willing to serve this population. Cannot discharge without a decision maker. |
| Resolving Immigration Barriers | 6 months - several | Does not qualify for Medicaid/community services without legal status, with few exceptions. |
| Complex Financial Barriers | 6 months - 1 year | Can require setting up trusts, having property sold, etc. This is required in order to be eligible for benefits. |
| Medicaid Financial Approvals | 30 days | Certain cases require processes that take can take up to 30 days for processing. |

| Informal Processes | Timeframe | Additional Notes |
|----------------------|---------------------|---|
| Provider Search | 14 days - several y | Medicaid dollars fund housing placements, which means both the patient and provider have a choice in the process. Once a level of care is established, housing options are contacted. Once a provider responds, a patient visit is arranged and both the patient and provider must agree to that housing option. Sometimes this process must be repeated multiple times due to either patient or provider objections. |
| Service Coordination | 7 days - 60 days | This includes referrals to PACT teams to determine if they can serve the patient, coordinating appointment and intake times for mental health and psychiatric services. All of these specifics are required in order for an LRA to be filed. |

Data Tracking Systems

The data elements required in the proviso had not previously been tracked in either of the hospitals' main data systems, nor in the standalone discharge databases and required an information technology solution to fully implement. With limited resources for design and implementation of an automated strategy, an interim solution was implemented by both hospitals.

ESH and WSH used spreadsheet templates to track the patient name, assigned MCO/BHO/BH-ASO, and the three required data elements. The hospitals' social work teams maintained the spreadsheets, notified the MCO/BHO/BH-ASO liaison when patients were determined ready to discharge, and sent the spreadsheets to BHA Headquarters.

As reported in 2019, both hospitals embedded these data tracking elements into their discharge tracking databases. ESH had begun electronically tracking the data points. WSH began a process of creating a new database where the data will be collected electronically. In the interim, the spreadsheet templates continued being used and emailed on a weekly basis to the BHA Director of Community Transitions.

In 2020, a need was identified create a permanent solution for tracking and reporting of this data. However, this project was temporarily paused so that resources could be directed to the significant impacts to the state hospitals due to the COVID-19 pandemic. The work on this project resumed in fall of 2021.

DISCHARGE TRANSITION PLAN DEVELOPMENT

The table below described the amount of time from the point the patient was identified as “no longer requiring active psychiatric treatment at an inpatient level of care”, the MCO/BHO/BH-ASO liaisons were notified of the determination, to the point where an initial transition plan was developed.

| WSH | | |
|------------------------------|-------------------|------------|
| Days to develop initial plan | Number of People* | Percentage |
| 14 or Less | 214 | 87% |
| 15 days or more | 31 | 13% |
| Total | 245 | |

ESH developed initial transition plans within 14 days 100% of the time.

* Removed individuals who discharged to, jail, court releases or cases where documentation of the newly established data point was not definitively captured (12 total).

Impact of COVID-19 on Discharge Planning Timelines

During the COVID-19 pandemic, the state hospitals and other discharge planning entities followed DOH guidelines and Governor's proclamations as issued. Those measures included:

- Move to telework where possible (this includes liaisons, peer bridgers and assessors)
- Limit in person meetings
- Screening patients, staff and professional visitors
- Use of PPE
- Quarantine and isolation of exposed/infected persons
- Vaccination mandates

These processes continued slow (or eliminated at times) communication, availability of resources (including housing, scheduling of appointments with outpatient providers, etc.), access to patients at the state hospitals, access to technology for teleworking staff and access to the courts.

Notification of Behavioral Health Entities

The discharge data has been reviewed weekly by the BHA Director of Community Transitions to ensure there is no lag between the determination that the patient no longer requires active treatment at an inpatient level of care and MCO/BHO/BH-ASO notification. The reviews found, that for the most part, the notifications were being done within 24-hours.

The MCO/BHO/BH-ASO liaisons have access to reports that have all their members who are on the no longer requires active treatment at an inpatient level of care list. In addition, both ESH and WSH have weekly case staffing of the patients who are ready to discharge that include participation from the MCO/BHO/BH-ASO liaisons and HCS assessors and managers.