

Washington State Department of Social and Health Services

Transforming
Lives

REPORT TO THE LEGISLATURE

Fourteen Day Standard – 2022 Progress Report

Engrossed Substitute Senate Bill 5092, Section 202(1)(f)
RCW 71.05.365

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.....	6
Impact of COVID-19 on Discharge Planning Timelines.....	7
Notification of Behavioral Health Entities	7

EXECUTIVE SUMMARY

The 2021 Washington State Legislature enacted Engrossed Substitute Senate Bill 5092– the 2021-2023 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 Behavioral Health Administration (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 discharge related issues that their care teams work to resolve ahead of discharge. The charts below detail these processes and issues and their associated timeframes.

Regulatory Requirements	Timeframe	Additional Notes
Risk Assessments	14-30 days	A discharge review is required to make recommendations on readiness for a less restrictive setting. RCW 71.05.232
Notifications	14-45 days	Notifications may include notifications to prosecutor, law enforcement, local police department, and/or victim/witness. RCWs 71.05.325, 71.05.330, 71.05.425, 4.24.545
LRA Court	7-30 days	Scheduling court for a Less Restrictive Alternative Order can take several weeks and may have additional continuances. RCW 71.05.320, 71.05.325
DOC Approval	30 days preferred	DOC must approve the discharge location once one is identified, when applicable.
Public Safety Review Panel Review	reviewed monthly	Civil patients who are committed with a special finding of violent felony require a review and to receive recommendations from the public safety review panel. RCW 10.77.270

Formal Processes	Timeframe	Additional Notes
Home and Community Services CARE Assessment	14-45 days	Regulations allow 30 days after the assessment for the final determination of functional and financial eligibility for long term care services.
Establishing Guardianship	6 months - 3 years	Patients with dementia, Alzheimer's disorder or cognitive impairment that impacts decision making capacity require a guardian to consent to discharge settings. There is a lack of public guardians and private guardians willing to serve this population. The state hospitals cannot discharge without a decision maker in these cases.
Resolving Immigration Barriers	6 months - several years	Individuals do not qualify for Medicaid/community services without legal status, with few exceptions.

Complex Financial Barriers	6 months - 1 year	To be eligible for Medicaid benefits an individual must meet the resource requirements to be eligible for these benefits. Helping over-resourced individuals manage their finances to become eligible may require setting up trusts, having property sold, setting up payees or conservators, etc.
Medicaid Financial Approvals	30 days	Certain cases require a Non-Grant Medical Assistance evaluation/appropriate from the DSHS Division of Disability Determination Services. This process can take up to 30 days for processing.

Informal Processes	Timeframe	Additional Notes
Consideration by Multiple Providers	14 days - several years	All providers can choose to accept/decline any patient AND any patient can choose to accept/decline any provider/setting. The process includes repeated referrals, waiting for the provider initial response, setting up visits to the home/setting or in-hospital visits, waiting for the provider final response, and waiting for the patient response - this occurs until a match is found.
Coordinating other services.	7 days - 60 days	This includes referrals to PACT teams (who want to meet with the person over several weeks to two months) to determine if they can serve the person, coordinating appointment and intake times for mental health and psychiatric services. All these specific details are required to be arranged for the LRA petition to be filed with the court.

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.

Eastern State Hospital (ESH) and Western State Hospital (WSH) used spreadsheet templates to track the patient's name, assigned Managed Care Organization (MCO)/Behavioral Health-Administrative Services Organization (BH-ASO), and the three required data elements. The hospitals' social work teams maintained the spreadsheets, notified the MCO /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 and continues to utilize an electronic tracking spreadsheet. 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 to 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 state hospitals due to the significant impacts of the COVID-19 pandemic.

In 2022, BHA committed to developing an enterprise-wide electronic discharge planning system. This project is in progress with an estimated completion date of 12/31/2024.

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/BH-ASO liaisons were notified of the determination, to the point where an initial transition plan was developed.

Western State Hospital Civil Patients Discharged January 1, 2022 – August 30, 2022

Days to develop initial plan	Number of People*	Percentage
14 or Less	129	87%
15 days or more	20	13%
Total	149	

* Removed individuals who discharged to jail and court releases (6 total).

Eastern State Hospital Civil Patients Discharged January 1, 2022 – August 30, 2022

Days to develop initial plan	Number of People	Percentage
14 or Less	140	100%
15 days or more		
Total	140	

Ongoing Impact of COVID-19 on Discharge Planning Timelines

During the COVID-19 pandemic, the state hospitals and other discharge planning entities followed Department of Health 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 Personal Protective Equipment
- Quarantine and isolation of exposed/infected persons

We have also seen related workforce shortages that continue to worsen over time.

These processes and the work force shortages have continued to slow communication, availability of resources (including housing, limited mental health provider capacity, loss of community resources, etc.) and ability to access patients at the state hospitals.

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/BH-ASO notification. The reviews found, that for the most part, the notifications were being done within 24-hours.

The MCO/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 meetings on the patients who are ready to discharge that include participation from the MCO/BH-ASO liaisons and Home and Community Services case managers and leadership.