

REPORT TO THE LEGISLATURE

Maximizing Forensic Bed Capacity

Engrossed Substitute Senate Bill 5187, Section 202 (27)(c)

September 2024

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Table of Contents

Executive Summary.....	3
Current Data on Civil Patients Occupying Beds on Forensic Wards at Western State Hospital (WSH).....	4
Required Strategies to Resolve Barriers to Discharge.....	4
Use of Existing Civil Wards at ESH for Civil Patients at WSH Occupying Beds on Forensic Wards.....	8
Maximizing Forensic Bed Capacity Through Utilization of Allotted Funds.....	8
Conclusion.....	9

Executive Summary

In 2023, the Washington State Legislature enacted Engrossed Substitute Senate Bill 5187, creating the 2023-2025 Operating Budget. Section 202 (27)(a) of the bill provided \$5,000,000 for fiscal year 2024 and \$5,000,000 for fiscal year 2025 for the Department of Social and Health Services to “pursue immediate strategies to maximize existing forensic bed capacity for individuals in jails awaiting admission to the state hospitals that are class members of Trueblood, et al. v. Department of Social and Health Services, et al., United States district court for the western district of Washington, cause no. 14- 28 cv-01178-MJP.”

The bill outlines strategies for inclusion as follows:

(A) In coordination with the behavioral health teaching facility at the University of Washington, identification of civil patients in the state hospitals that could receive appropriate treatment at the facility and work to resolve any barriers in such placement;

(B) Identification of civil patients in the state hospitals that could receive appropriate treatment at an enhanced services facility or any other community facility and work to resolve any barriers in such placement; and

(C) Coordination with the aging and long-term care administration and the office of public guardianship on the provision of qualified guardians for civil patients in need of guardianship that are otherwise eligible for discharge; and

(C)(ii) Additional approaches to resolving any barriers to maximizing the use of existing civil wards at eastern state hospital for individuals currently occupying beds on forensic wards at western state hospital who have been committed to a state hospital pursuant to the dismissal of criminal charges and a civil evaluation ordered under RCW 10.77.086 or 10.77.088.10.

The reporting requirements of the bill are:

By September 1, 2024, the Department must submit a final report to the appropriate committees of the legislature and to the office of financial management that provides:

(i) The number of individuals currently occupying beds on forensic wards at western state hospital who have been committed to a state hospital pursuant to the dismissal of criminal charges and a civil evaluation ordered under RCW 10.77.086 or 10.77.088; and

(ii) Detailed reporting on how the funds provided in this subsection were used and the associated outcomes.

This report details the number of individuals currently occupying beds on forensic wards at Western State Hospital and the required strategies that are currently being used to resolve discharge barriers, as well as using existing civil wards at the state hospitals. Then, this report walks through maximizing forensic bed capacity by using the allotted funds for the Enhanced Transportation Teams and Behavioral Health and Stabilization Services. Finally, it will detail the administration’s bed capacity expansion.

Current Data on Civil Patients Occupying Beds on Forensic Wards at Western State Hospital (WSH)

As of September 16, 2024, the number of the In-Residence population currently occupying beds on forensic wards at WSH who have been committed to a state hospital who have a civil legal authority is 4 individuals.

Required Strategies to Resolve Barriers to Discharge

A. Identification of civil patients in the state hospitals that could receive appropriate treatment at the University of Washington behavioral health teaching facility and work to resolve any barriers in such placement.

The Behavioral Health Administration (BHA), Health Care Authority (HCA), and the University of Washington (UW) have started efforts to transfer some civilly committed individuals from WSH to UW's Center for Behavioral Health and Learning, which opened in July 2024. As of September 1, 2024, 9 civil conversion patients have been transferred to this facility. This effort has focused on identifying individuals at Western State Hospital (WSH) that would most benefit from the specialty services that the UW facility offers. Below, are the admission criteria as well as exclusionary factors provided by UW for the Center for Behavioral Health and Learning and Long-Term Civil Commitment:

Admission Criteria for the Center for Behavioral Health and Learning

Med/Surg

- Behavioral health patients with an acute medical need (behavioral health patients include patients with SUDs)
- Behavioral health patients on ITA hold
- Challenging placement patients with behavioral health impact
- NOTE: unit cannot accommodate insulin and cardiac drips or acute BIPAP; Telemetry and dialysis okay

Geropsych

- 60+ (if <60 requires leadership review)
 - Ex. Mid-50s patient with advanced Dementia
- Patients with a primary psychiatric diagnosis (medical diagnosis may be present but is secondary)
- Must have a reasonable expectation that patient will improve as a result of treatment
- Patients who are unclear diagnostically and requiring further psychiatric evaluation
- Patients requiring short-term treatment of acute psychiatric illness or an acute exacerbation of a chronic psychiatric illness
- Patients who are unable to be effectively treated in a less restrictive level of care
- In addition to the items above, all prospective patients must have and meet one or more of these criteria:
 - Suicidal behavior and/or ideation. Patient must be able to be maintained without need for prolonged 4-point restraint/seclusion. Any patients who

need this level of restraint/seclusion will be assessed for referral to alternative involuntary treatment services.

- *Assaultive behavior and/or ideation. Patient must be able to be maintained without need for prolonged 4-point restraint/seclusion. Any patients who need this level of restraint/seclusion will be assessed for referral to alternative involuntary treatment services.*
- *'Potential' or actual self-mutilating behavior.*
- *Acute onset of or intensification of severe agitated behaviors.*
- *Severe depression which manifests as psychomotor retardation/agitation, anorexia, insomnia, inability to perform activities of daily living.*
- *Occurrence of psychosis unresponsive to outpatient treatment.*
- *Toxic effects which manifest in psychiatric symptoms such as increased confusion, disorientation, agitation, combativeness or anxiety from psychotropic or other medications.*
- *Need for continuous skilled observation and/or regulation of a psychotropic medication in the presence of a known serious medical condition.*
- *Patient must be able to sit up out of bed for 4-hour periods of time with the goal of participating in the treatment program. Patients who are unable to be up out of bed due to medical necessity are most likely not eligible for admission.*
- *Any medical or physical conditions which will not impede treatment participation are acceptable.*
- *Patient seeking readmission must have attempted to cooperate with treatment during previous admission(s) and to have followed treatment recommendations for follow-up in order to be considered for readmission.*

Long Term Civil Commitment

Inclusion Criteria

- *Must have a reasonable expectation that the patient will improve and be able to discharge.*
- *Examples of admitting diagnosis include:*
 - *Schizophrenia*
 - *Bipolar Disorder*
 - *Major Depressive Disorder*
 - *Patients who would benefit from ECT or TMS (have had it in the past or have a diagnosis that would benefit from it)*

Limited acceptance of the following types of patients

- *Severe cognitive deficits (related to dementia, traumatic brain injury, etc)*
- *Severe intellectual disability*

Conditions Requiring Department Leadership Review

- *History of violence (ex. recent assault of staff or patient)*
- *Ongoing institutional physical or sexual behaviors (i.e. sexually provocative behaviors ongoing while in the hospital)*
- *History as perpetrator of a sexual assault*

- *Patients with a known infection requiring isolation on admission. Communicable disease with high person-to-person transmission (ex. TB)*
- *History of multiple attempts to elope*
- *Patients with limited mobility or need for regular assistance with activities of daily living*
- *Pregnancy*
- *Patients with tracheostomies, maintenance IV chemotherapy/immunotherapy, insulin pump, feeding tubes, or similarly complex subacute medical conditions*

Exclusionary Criteria

- *Patients requiring medical care beyond the capacity of a psychiatric unit (though in some instances, these patients could be accepted to the other floors of the hospital)*
- *Recent suicide attempt in the hospital; ongoing self-harm behaviors or suicide attempts despite documented interventions in the hospital*
- *Primary condition that requires specialty care not available in the facility*
- *Patients whose level of agitation/combativeness is so severe that other patients within the milieu would be at risk for harm or feel significantly threatened*
- *Regularly scheduled high dose opioids*
- *Patients with behaviors that cannot be managed safely given unit acuity*

B. Identification of civil patients in the state hospitals that could receive appropriate treatment at an enhanced services facility or any other community facility and work to resolve any barriers in such placement.

BHA and Home and Community Services (HCS) have worked collaboratively for many years to ensure the successful transition of eligible state hospital patients back to their communities and into appropriate residential settings. There are currently 11 enhanced service facilities (ESFs) in the state (See Figure 2), which is 2 more than previously noted in the December 2023 legislative report (See Figure 1). Although ESFs are not solely dedicated to serving individuals from state hospitals, with referrals being made to these facilities from a number of other inpatient and community settings, they have become a valuable resource for the discharge planning teams at BHA.

	City	Region	Contract Start Date	Number of Contracted Beds	Openings	
ENHANCED SERVICE FACILITIES (ESF)						
Upriver Place ESF	Spokane		1	Jun-16	8	0
Unified Residential ESF	Spokane Valley		1	Nov-17	16	1
Main Residential ESF	Spokane Valley		1	Aug-20	16	1
Liberty Place ESF	Spokane		1	Mar-22	16	2
Sunrise ESF	Everett		2	Nov-18	16	5
Orchard Highlands ESF	Vancouver		3	Sep-16	12	6
Supreme Living ESF	Olympia		3	Feb-21	15	1
Apple Tree ESF	Vancouver		3	Nov-21	16	1
Emerald City ESF	Lakewood		3	Jan-23	16	1

Figure 1. From the August 2023 State Hospital Discharge and Diversion Report from HCS (used in the December 2023 legislative report).

	City	Region	Contract Start Date	Number of Contracted Beds	Openings	
ENHANCED SERVICES FACILITIES (ESF)						
Upriver Place ESF	Spokane		1	Jun-16	8	0
Unified Residential ESF	Spokane Valley		1	Nov-17	16	0
Main Residential ESF	Spokane Valley		1	Aug-20	16	1
Liberty Place ESF	Spokane		1	Mar-22	16	0
Greenacers ESF	Spokane		1	Dec-23	16	1
Sunrise ESF	Everett		2	Nov-18	16	3
Park Place	Auburn		2	Feb-24	16	7
Orchard Highlands ESF	Vancouver		3	Sep-16	12	7
Supreme Living ESF	Olympia		3	Feb-21	15	0
Apple Tree ESF	Vancouver		3	Nov-21	16	1
Emerald City ESF	Lakewood		3	Jan-23	16	1

Figure 2. From the August 2024 State Hospital Discharge and Diversion Report from HCS

BHA and HCS will continue to work together collaboratively to ensure ESF beds are filled. BHA will continue to review referrals made to Sunrise ESF, Park Place and Orchard Highlands ESF to identify any barriers that may be influencing their higher vacancy rates. The higher vacancy rates of Sunrise ESF and Orchard Highlands ESF facilities were noted in the December 2023 report to the legislature as well. Park Place has been in operation for less than a year, which may partially explain the higher vacancy rate at that facility due to a ramp up period for hiring staff. In addition to the ESFs noted above in Figure 1 and Figure 2, Figure 3 below shows the planned ESF facilities to further support eligible state hospital patients.

ANTICIPATED ESF FACILITIES	City	Region	Estimated Start Date	Potential Beds
WestView Residential Care ESF	Spokane	1	Fall 2024	16
Heartsaved ESF	Marysville	2	Spring 2024	16
Maplewood ESF at Lake Whatcom Treatment Center	Bellingham	2	Spring 2024	16
At Home Residential ESF	Kent	2	Early 2025	16
Heartsaved Serene ESF	Marysville	2	Early 2025	16
Emerald II ESF	Tacoma	3	Fall 2024	16
MonteVera ESF	Graham	3	Spring 2025	16
Reliance (Puyallup) ESF	Puyallup	3	Spring 2025	16

Figure 3. Anticipated ESF Facilities

C. Coordination with the aging and long-term care administration and the office of public guardianship on the provision of qualified guardians for civil patients in need of guardianship that are otherwise eligible for discharge.

As stated in the last report, the Aging and Long-Term Care Administration (AL TSA) has developed a guardianship pilot program that provides incentives to guardianship agencies to prioritize the long-term care population. However, this program does not include trained mental health guardianship providers. Overall, there are a limited number of psychiatric/mental health specific professional guardians in the state that can serve the population of civilly committed patients at the state hospitals. Still, the department will continue to leverage close working relationships with certified public guardianship agencies that do have training and expertise in supporting patients with serious mental health conditions and will continue to explore options for increased coordination with AL TSA’s guardianship program.

Use of Existing Civil Wards at ESH for Civil Patients at WSH Occupying Beds on Forensic Wards

Currently, there are no plans for more transfers of WSH patients to civil wards at ESH. However, WSH and ESH have developed an effective system to identify and transfer appropriate patients and can do so again should the need arise.

Maximizing Forensic Bed Capacity Through Utilization of Allotted Funds

In Fiscal Year 2024 (FY24), BHA utilized \$1,321,456.77 of the \$5,000,000 to assist with discharge services to include Enhanced Transportation Teams. In Fiscal Year (FY25), BHA intends to utilize the entire \$5,000,000 as proposed: \$1,321,000 on continued Enhanced Transportation Teams efforts and \$3,679,000 on SCORE (see details below).

Enhanced Transportation Teams

Determining a patient’s discharge date is dependent upon many factors, including the availability of transportation. Both ESH and WSH employ designated staff whose primary role is to transport patients to their discharge location, to and from medical appointments, and to preplacement visits. Preplacement visits provide patients an opportunity to begin relationship-building with staff and residents at their future discharge setting and to become more familiar with the environment, thereby increasing success at discharge. BHA utilized funds for enhanced

transportation teams for all BHA facilities to support increased preplacement visits and easier scheduling of discharge dates. In the Behavioral Health and Stabilization Services section below is a plan of how BHA intends to utilize the allotted funds provided in the bill in FY25.

Behavioral Health and Stabilization Services

The 2023-25 operating budget included funding in FY24 to provide behavioral health and stabilization services to Trueblood Class Members (Class Members) at the King County South Correctional Entity (SCORE) Jail. The pilot program began in September 2023 and provides support to those most in need of significant behavioral health services as they are entering the criminal justice system. The SCORE pilot program has proven effective with Class Members and funding received for maximizing forensic bed capacity will be used to support the continued operation of this program in FY25 (Estimated at \$3,679,000).

Since its inception through May 2024, the pilot program reports that 538 Class Members have been served. Forty-three of those individuals were admitted for competency restoration services. Of those 42 individuals, 12 were diverted from admission to a state hospital, 2 were admitted to the Health Care Authority's Outpatient Competency Restoration Program and 10 were admitted directly to a BHA-operated community-based residential treatment facility.

Conclusion

BHA will continue efforts to maximize forensic bed capacity by utilizing funds provided in this bill to enhance discharge planning for civilly committed patients. BHA has seen rapid growth with the increase of forensic beds at WSH, the opening of civil beds at Oak Cottage at the Behavioral Health and Treatment Center, and the opening of Olympic Heritage Behavioral Health last year. This growth is expected to continue for both forensic and civil patients over the next several years with the opening of additional wards at the Maple Lane Behavioral Health and Treatment Center and the Brockmann Campus.