

# The Changing Landscape of Long-Term Civil Commitments and Behavioral Health Community Resources

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# Coordinated strategies for transformation

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## Building

- Building Community Capacity

## Expanding

- Expanding Community Services

## Growing

- Growing supportive housing

# Community settings and facilities

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- ▶ 90- to 180-day (long term) community civil commitment beds
- ▶ Crisis stabilization and crisis triage beds
- ▶ Intensive behavioral health treatment facilities
- ▶ Peer respites

# 90- to 180-day community civil commitment beds

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## ▶ What is it?

HCA is developing community-based capacity to treat individuals on long term civil commitment orders, by contracting with free standing Evaluation and Treatment Centers, Psychiatric Hospitals, and Acute Care Hospitals with a psychiatric unit. Commerce is rolling out capital dollars to support the creation of facilities specifically for this purpose.

## ▶ Timeline

- 2017: Created and funded by Legislature
- 2017: Capital funds to remodel and create beds became available
- 2018: HCA first contracts for these beds
- 2019-2022: HCA continues contracting efforts and partners with Commerce in the awarding of Capital funds

# Building long term community civil commitment bed capacity

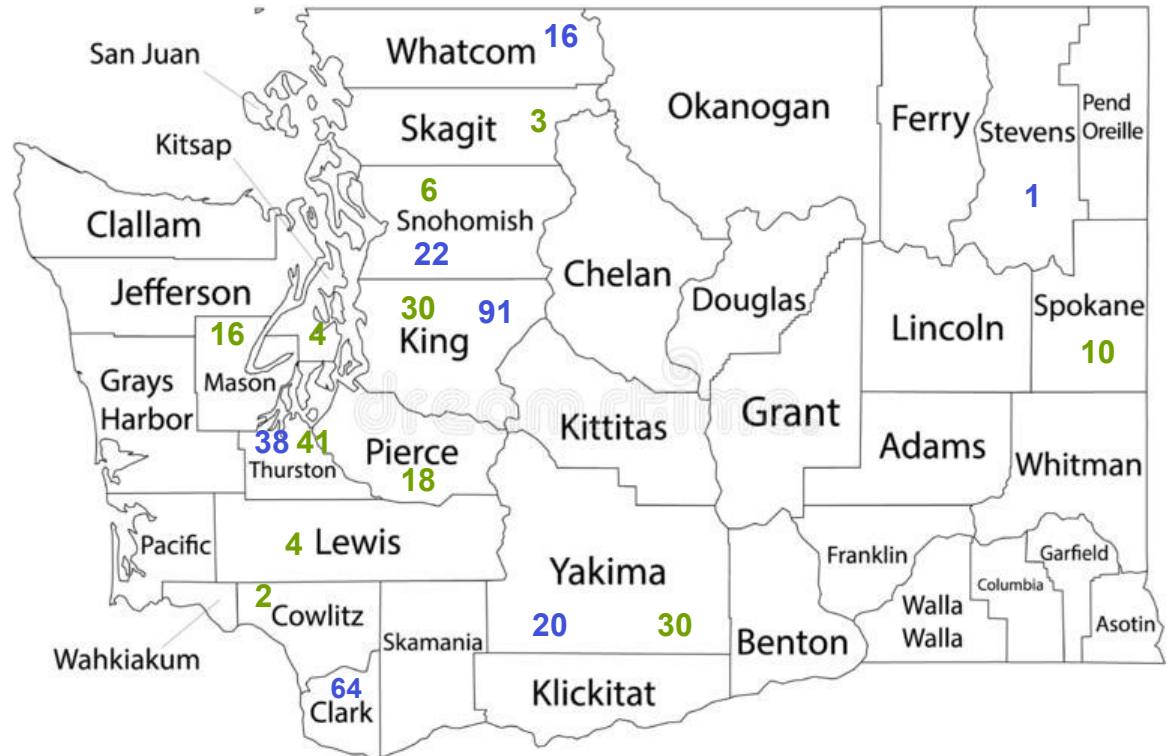
## ▶ Funded future beds: **288 beds**

- New capacity funded via Commerce grants anticipated coming online FY 2022
- DSHS creation of three 16 bed facilities in Vancouver, WA
- DSHS site with 16 bed facility in Ground Mound
- 75 beds at UW Teaching Hospital

## ▶ New beds since 2018: **164 beds**

- Under contract as of June 2022

## ▶ Current Projected Total: **452 beds**



# Funded future state of 90- to 180-day civil commitment beds

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- ▶ University of Washington Teaching Hospital – 75 beds
- ▶ Commerce Funded sites from 17-19 budget and 19-21 budget – 101 beds
  - ▶ Clark County – 16 Lifeline Connections E&T
  - ▶ Thurston County – 22 (Recovery Innovations 16, Thurston/Mason BH ASO 6) (17-19, 19-21 budgets)
  - ▶ King County – 16 (Recovery Innovations) (19-21 budget)
  - ▶ Snohomish County – 16 (Compass Health) (17-19 budget)
  - ▶ Whatcom County – 16 (Unity Evaluation and Treatment) (19-21 budget)
  - ▶ Yakima County – 14 (Astria Hospital) (19-21 budget)
  - ▶ Stevens County – 1 (Providence Mt. Carmel Hospital) (17-19 budget)

# Funded future state of 90- to 180-day civil commitment beds

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- ▶ DSHS owned site – 64 beds
  - ▶ Clark County – 48 (DSHS owned site with three-16 bed facilities, HCA will contract for service providers for two of these sites, DSHS will operate 3<sup>rd</sup> site)
  - ▶ Thurston County – 16 (DSHS owned and operated site with a 16-bed facility)
- ▶ HCA managed site – 16 beds
  - ▶ Snohomish County – 16 (The Tulalip Tribes of Washington owned land, HCA owned one-16 bed facility, HCA will contract for service provider)

# 90- to 180-day civil commitment beds

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- ▶ Developed cross agency relationships
  - ▶ DSHS/BHA
  - ▶ DSHS/ALTA/HCS
  - ▶ DSHS/DOH
  - ▶ WA State Department of Commerce
- ▶ Created a 90- to 180-day tool kit
  - ▶ Best practices for community hospitals and freestanding E&Ts
    - ▶ Promoting recovery
    - ▶ Peer and family involvement
    - ▶ Programming
    - ▶ Safety and reduction of seclusion and restraint
    - ▶ Physical environment
    - ▶ Person centered planning
    - ▶ Individualizing care
    - ▶ Working with designated crisis responders and the superior court
    - ▶ Community collaborations



# Crisis stabilization and crisis triage facilities

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## What is it?

- Legislature provided funds to procure additional crisis stabilization, crisis triage, and 23-hour recliners. This funding helped increase our community capacity for diversion from involuntary treatment for adults and youth. These types of facilities create additional entry points for mental health treatment and intervene earlier in an individual's crisis and prevent the need for involuntary treatment.

## Timeline

- 2017: HCA procured for additional sites
- 2017-present: 100 additional crisis stabilization and or crisis triage beds have been created
- 2021: Commerce continues to procure for additional facilities.
- 2022: Department of Commerce has another funding round in summer 2022

# Peer respites

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## What is it?

- Brand new to Washington modeled after the successful Peer Respites in New York State. Peer Respites are home-like settings for people who are experiencing BH distress who do not meet requirements for more intensive levels of services. Goal is to divert individuals so that they do not need more intensive services. Peer Respite are voluntary, non-clinical, short term, available to people over 18, and community based. Staffed by Certified Peer Counselors who provide peer support services.

## Timeline

- 2019: created and funded
- 2020: DOH finished creating rules and finalized the WAC
- Fall 2020: Commerce awarded capital funds for construction to Peer Respites
- 2020: first Peer Respites started to receive direct Technical Assistance and training
- January 2022: Target date for first Peer Respite to open

# Intensive residential treatment (IRT) team model

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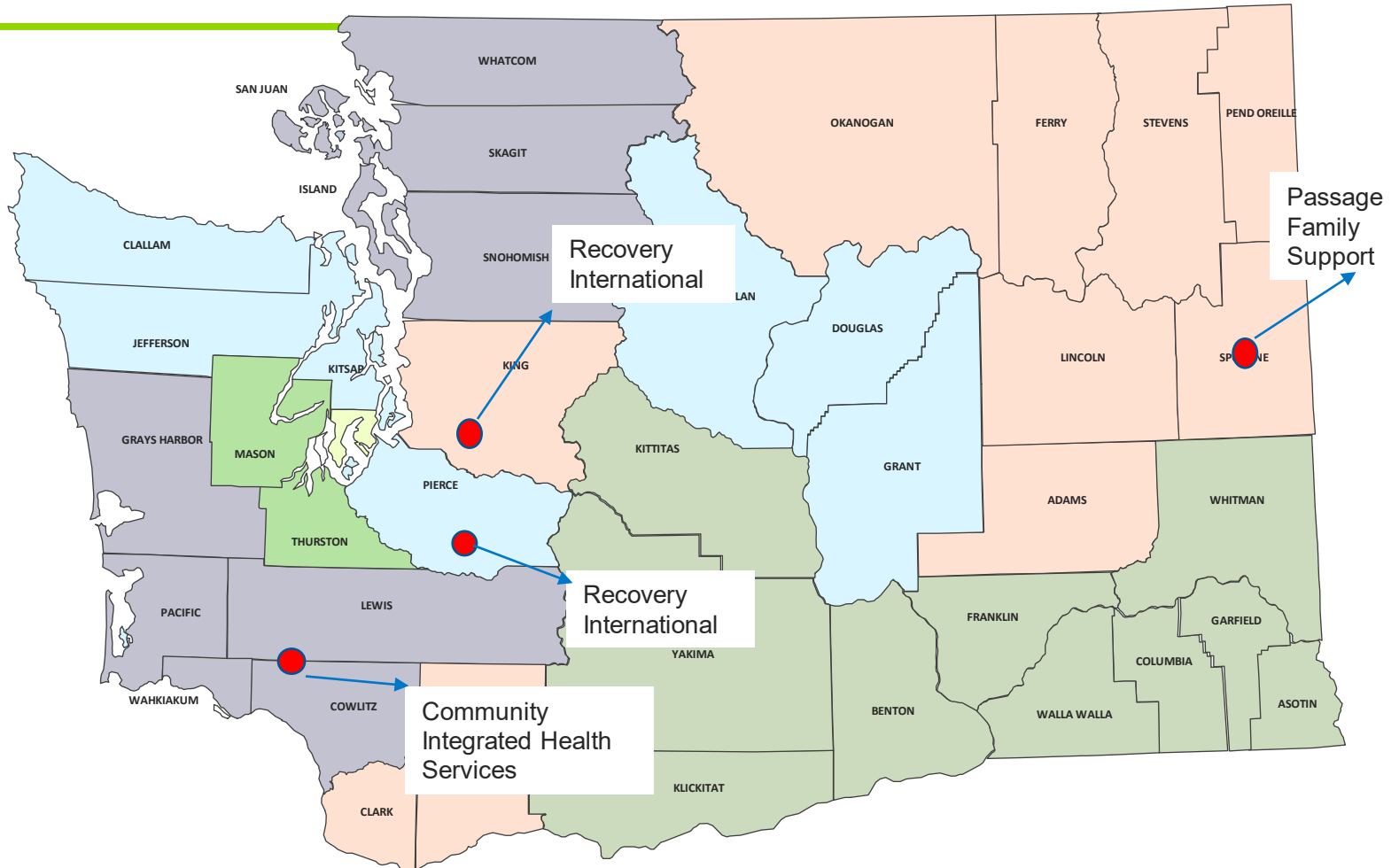
- ▶ Intensive Residential Treatment (IRT) teams are a wrap around discharge service for people being discharged or diverted from a state hospital
- ▶ IRT uses Assertive Community Treatment (ACT) concepts but adjusts it to work with people living in long-term care settings like Adult Family Homes (AFH) or Assisted Living facilities (ALF)
- ▶ Teams consist of Mental Health Providers (MHP), Certified Peer Counselors (CPC), Registered Nurses (RN), and a dedicated prescriber
- ▶ IRT teams serve up to 50 people where they live and provide wraparound mental health services
- ▶ Teams provide services 5 days a week and work with local crisis providers to assist facilities when they are not available

# Intensive residential treatment (IRT) team status

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- ▶ IRT teams are part of the Governor's plan to discharge people from state hospitals and back to their community
- ▶ IRT operating budget for the FY2020-21 authorized 4 teams for the IRT program and allocated GF-s in the amount of 1,393,000 in FY 2020 and 1,423,000 in FY 2021 and Fed appropriation off 5,938,000
  - ▶ Reappropriated in 2022-23 biennium
- ▶ 4 IRT teams have been operating since fall 2020
- ▶ No team has reached caseload capacity due to workforce issues

# IRT teams in Washington

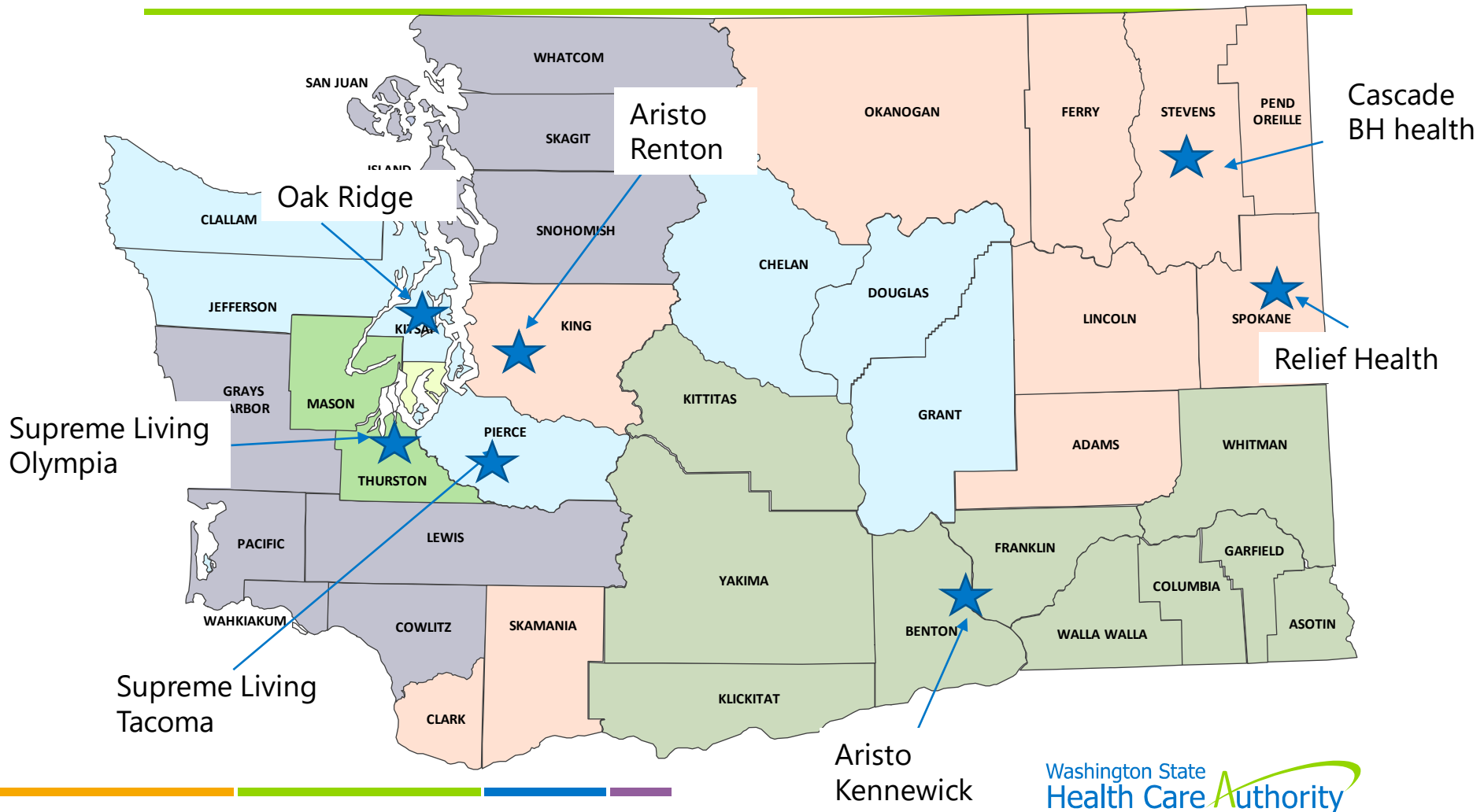


# IBHTF model

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- ▶ 16 bed facilities for people who have completed all care objectives in a long-term hospitalization (90/180 bed or State Hospital) who need ongoing treatment to stay in the community.
- ▶ 24/7 onsite mental health treatment by multidisciplinary team.
- ▶ First facility may open in spring 2021.
- ▶ Funding first provided in FY 2020-21 Capital and Operating budgets
- ▶ Capital funding for the 2020-21 biennium was for 4 facilities, 3 were funded. For 2022-23 funding is provided for 2 more to be procured.
- ▶ Operating funding appropriated: GF-s 1,455,000 in FY 2020 and 1,401,000 in FY 2021 with a federal appropriation of 3,210,000 GFF, reappropriated in 2022-23 biennium

# IBHTF facilities being built in Washington



# PACT

## What is it?

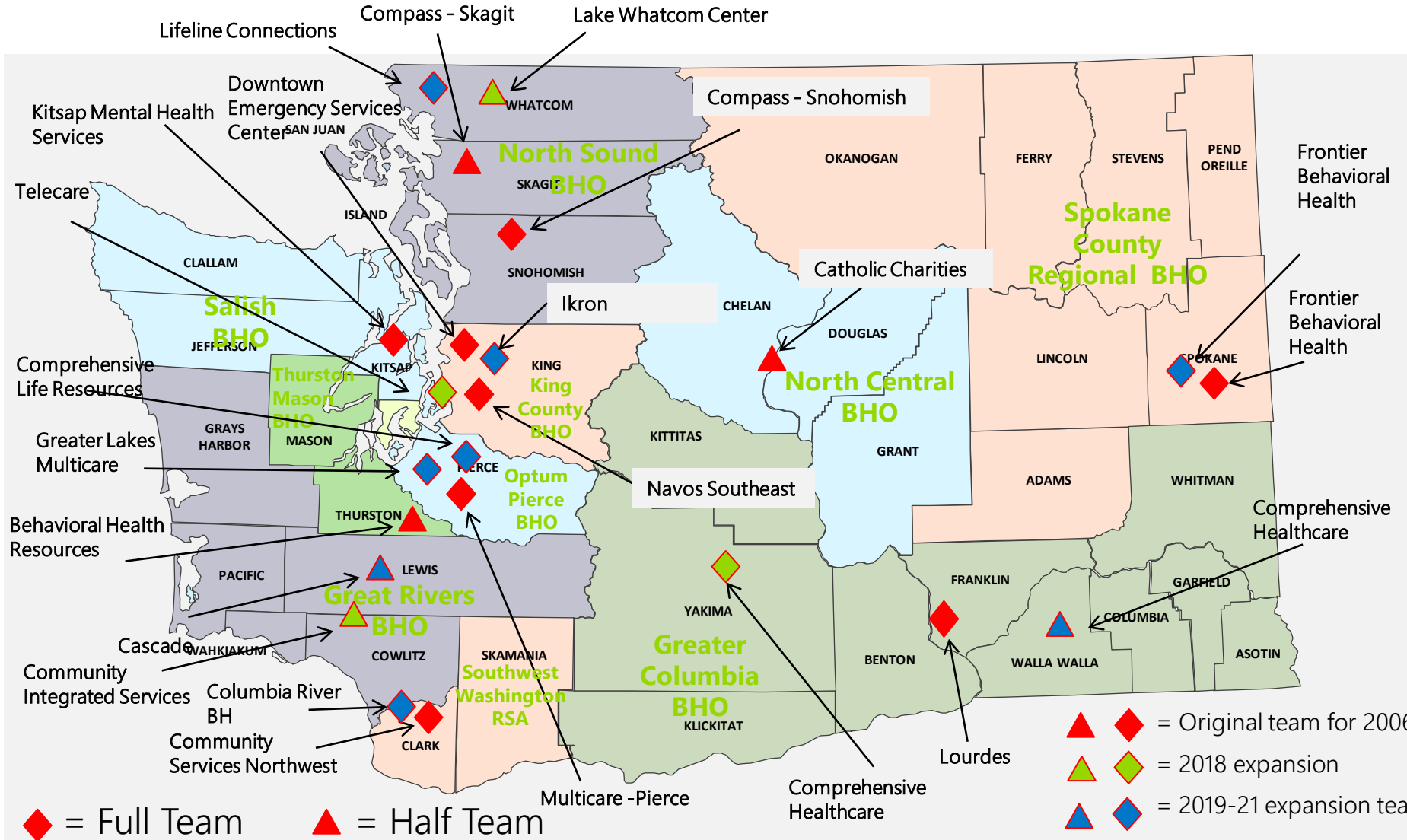
- Nationally recognized EBP for people with the most severe and persistent mental illnesses and who have not benefited from traditional outpatient programs. Individuals who receive PACT services are often homeless, incarcerated, and misunderstood as resisting or avoiding treatment. PACT is a team based, person-centered, recovery-oriented mental health service delivery model. It is often referred to as a “hospital without walls.” 80% of services should be provided outside of the clinic.
- PACT reduce hospitalizations, reduce interactions with law enforcement, reduces BH emergency room visits, increases housing and job stability.

## Timeline

- 2006 - PACT teams rolled out in Washington State
- 2007 - PACT services begun with 11 different teams across the state
- 2014-2021 Continual support from the legislature to increase PACT teams/PACT capacity across the state



# 21 PACT teams in Washington



# Contact information

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## ▶ Health Care Authority (HCA)

### ▶ HARPS

- ▶ Wanda Johns, [wanda.johns@hca.wa.gov](mailto:wanda.johns@hca.wa.gov) 360-725-1947
  - Link to [HCA HARPS Fact Sheet](#)
  - Link to [HCA FCS Fact Sheet](#)
  - Link to [Foundational Community Supports provider map](#)

### ▶ 90- to 180-day civil commitment beds

- ▶ Margo Miller, MA, [margo.miller@hca.wa.gov](mailto:margo.miller@hca.wa.gov) 360-810-0237
  - Link to [HCA 90- to 180-day civil bed information](#)

### ▶ PACT, IRT teams, IBHTF

- ▶ Matthew Gower, CPC, [matthew.gower2@hca.wa.gov](mailto:matthew.gower2@hca.wa.gov), office: 360.725.1452, cell: 360.643.7958



## Behavioral Health Transformation

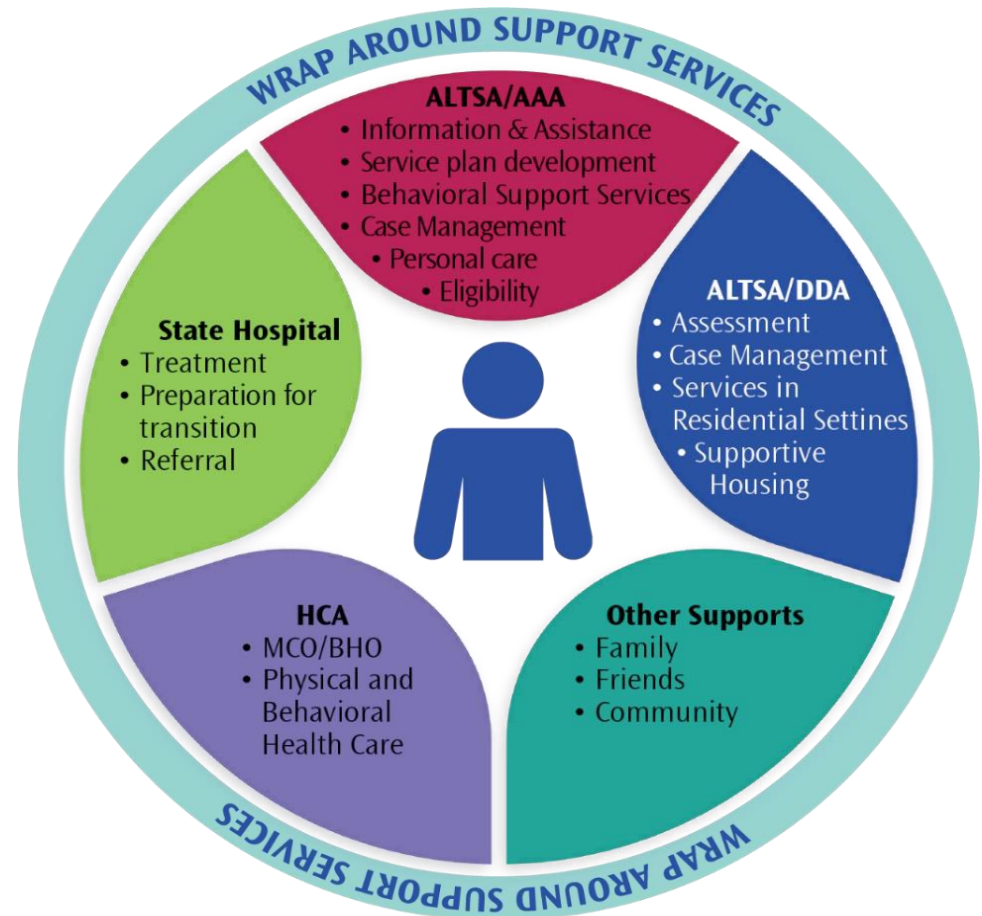
### **Jacqueline Cobbs**

Office Chief, Community Living and System Support  
Home and Community Services Division  
Aging and Long-Term Support Administration  
Department of Social and Health Services

- **Additional Community Capacity**
- **Supportive Housing**
- **Community Transitions and Supports**

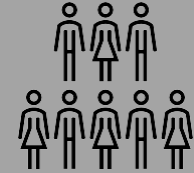


# Assisting with safe and successful transitions: Client-Centered Continuum of Care



# LTSS

## Community Settings and Facilities



- Enhanced Services Facilities
- Adult Family Homes (Specialized Contracts)
- Assisted Living Facilities (Specialized Contracts)
- Skilled Nursing Facilities





# Enhanced Services Facility



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## What is it?

A community based residential facility that provides assistance with activities of daily living, skilled nursing, behavior supports and enhanced staffing. Regulated by Aging and Long-Term Support Administration, Residential Care Services. Licensed to serve up to 16 residents.

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2016: 2 facilities (Spokane and Vancouver)

2017: 1 facility (Spokane)

2018: 1 facility (Everett)

2020: 1 facility (Spokane)

2021: 1 facility (Olympia)

# Specialized Contracts LTSS



## What is it?

A contract with a long-term care facility (Assisted Living facility, Adult Family Home or Skilled Nursing Facility). Serves clients who are returning to the community from state hospitals or community hospital psychiatric units or have a history of failed/denied community residential settings or are at risk of losing their current community residential setting due to behavioral challenges.

- 2017: 659 Enhanced Community Services & Specialized Behavior Support contracts (ECS & SBS)
- 2018: 1,104 ECS & SBS contracts, 1 CSS contract, 4 Specialized Dementia
- 2019: 1,248 ECS & SBS contracts, 2 CSS contracts, 2 Specialized Dementia
- 2020: 1,541 ECS & SBS contracts, 3 CSS contracts, 4 Specialized Dementia
- 2021: 1,917 ECS & SBS contract, 1 CSS contract, 4 Specialized Dementia

# Supportive Housing

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The state has developed a number of resources designed to assist individuals to find and retain independent housing.

- GOSH Governor's Opportunity for Supported Housing
- FCS Foundational Community Supports
- HARPS Housing and Recovery through Peer Services
- Forensic HARPS-Forensic Housing and Recovery through Peer Services



# Supportive Housing



## Timeline:

- 2015: Legislature funds HARPS pilot of 3 teams
- 2016: Funding in ALTSA to develop services
- 2017: GOSH funding begins, approval of 1115 FCS services, additional 5 teams under HARPS
- 2018: FCS services begin, GOSH extended to individuals diverting from hospitals
- 2019: Legislature provides funding for forensic HARPS
- 2020: additional 2 teams under HARPS, Forensic HARPS live in 10 counties
- 2022: Forensic HARPS will expand to King County

# Rental Vouchers and Subsidies

## What is it?

Vouchers and rental subsidies provide short-term or ongoing rental assistance to ensure housing stability. Some individuals need assistance with finding and retaining housing, but do not need rental subsidies.

- Vouchers connected to FCS, HARPS, F-HARPs, GOSH and non-elderly disabled HUD

# Rental Vouchers and Subsidies

## Timeline:

- 2011: Collaboration with public housing authorities to make housing choice vouchers available
- 2016: provided funding under GOSH
- 2017: GOSH participants started utilizing GOSH subsidy
- 2019: Funding provided for forensic HARPS vouchers
- 2020: Forensic vouchers available in 10 counties
- 2021: FCS vouchers created and funded to be implemented in 2022

# Staffing Investments- LTSS & DDA

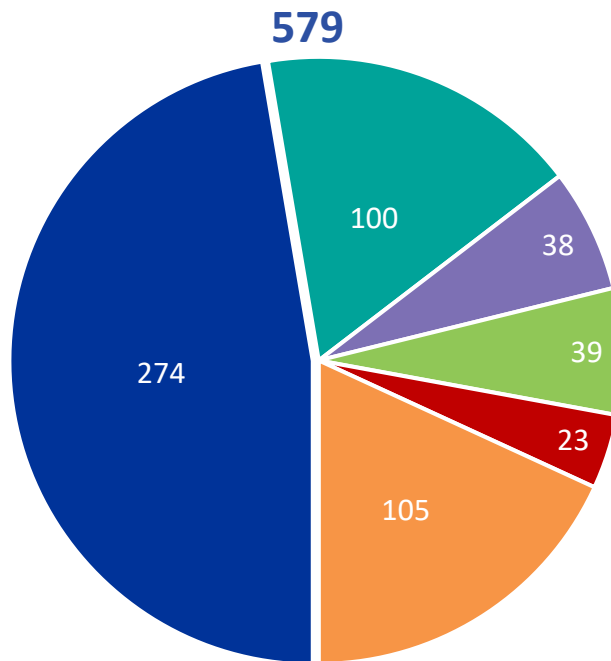
What is it?

Staff investments made to provide functional and financial eligibility, transition planning, provider and staff training, technical assistance and training with regulatory requirements, resource and housing development, contract monitoring and case management and coordination with mental health system.

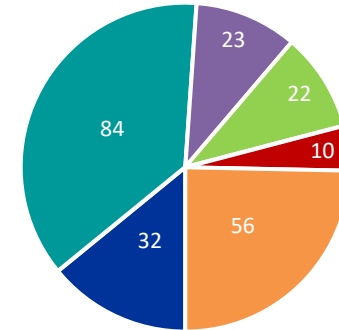


# AL TSA's Response to Mental Health Transformation Transition Efforts 17-19 Biennium

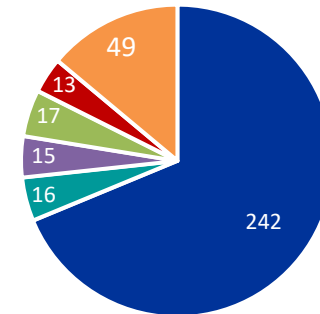
Total Transitions by Setting



ESH 227



WSH 352



■ Adult Family Home

■ Assisted Living Facility

■ Enhanced Services Facility

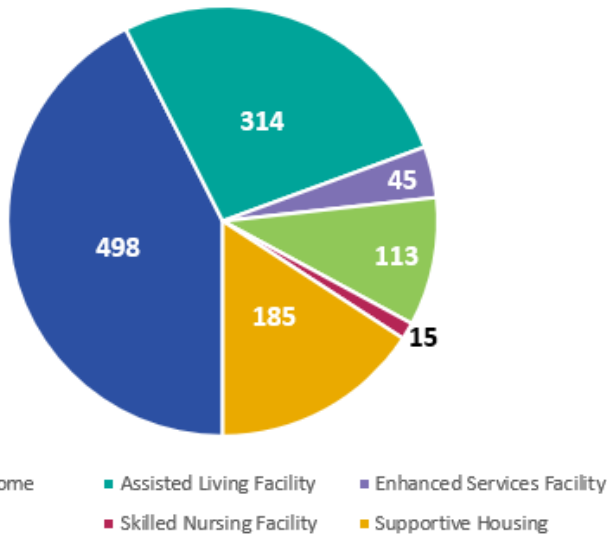
■ In-Home

■ Skilled Nursing Facility

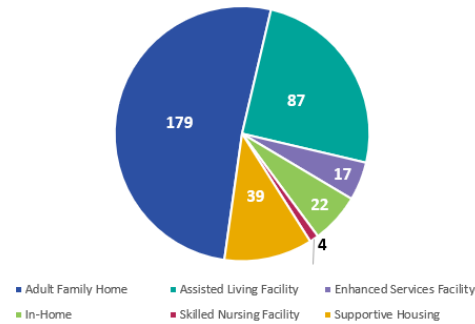
■ Supportive Housing

# AL TSA's Response to Mental Health Transformation Transition Efforts 19-21 Biennium

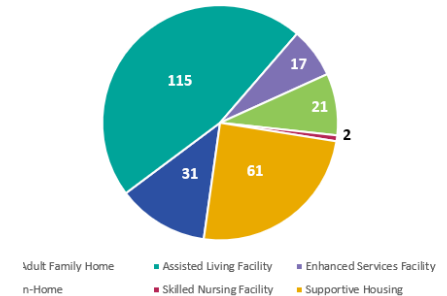
Total Transition by Setting  
7/1/2019 thru 06/30/21



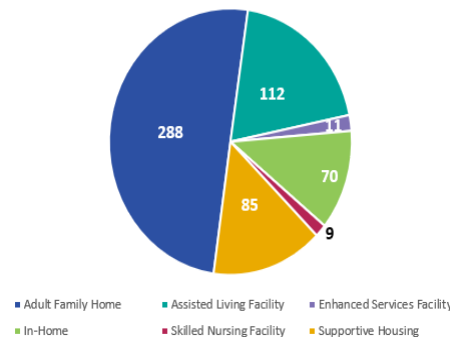
Setting at Discharge from WSH  
7/1/2019 thru 06/30/21



Setting at Discharge from ESH  
7/1/2019 thru 06/30/21



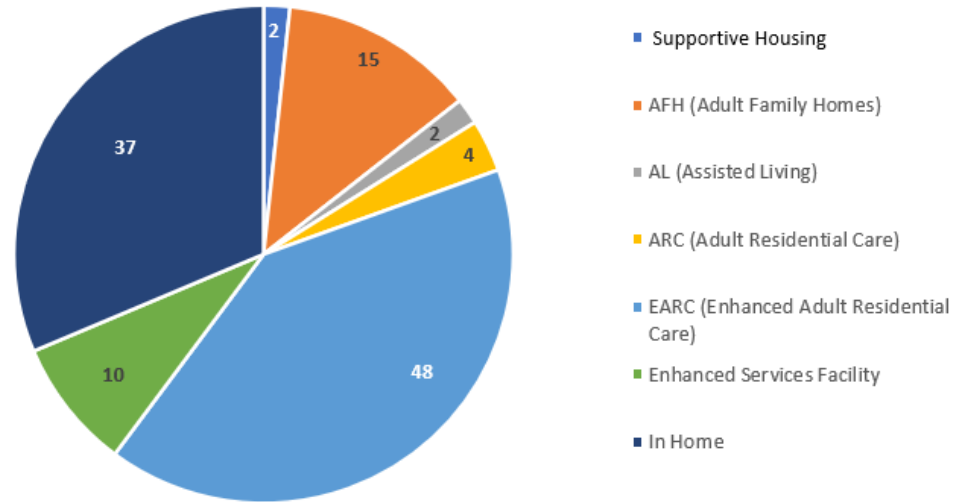
Setting at Discharge For Diversions  
7/1/2019 thru 06/30/21



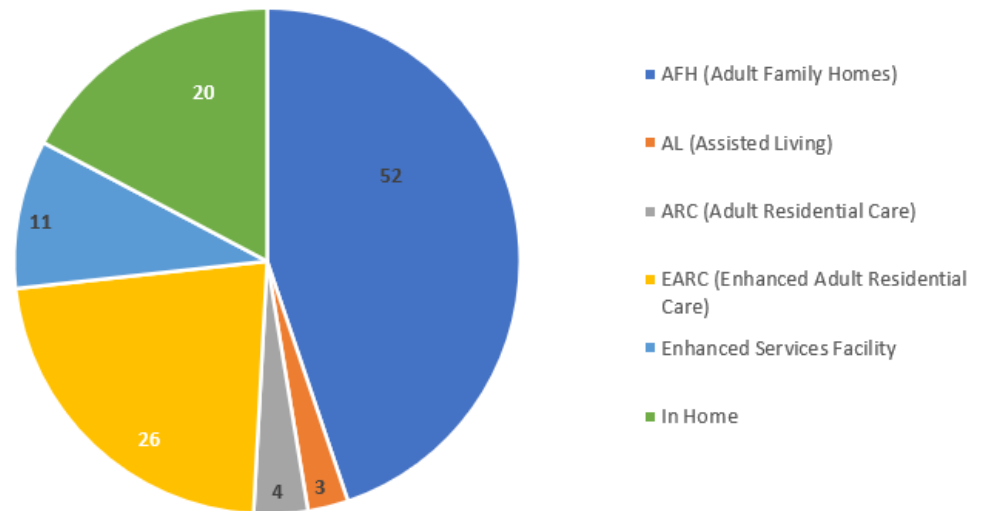
# AL TSA's Transition Efforts

7/1/2021-3/31/2022

### Eastern State Hospital (118)



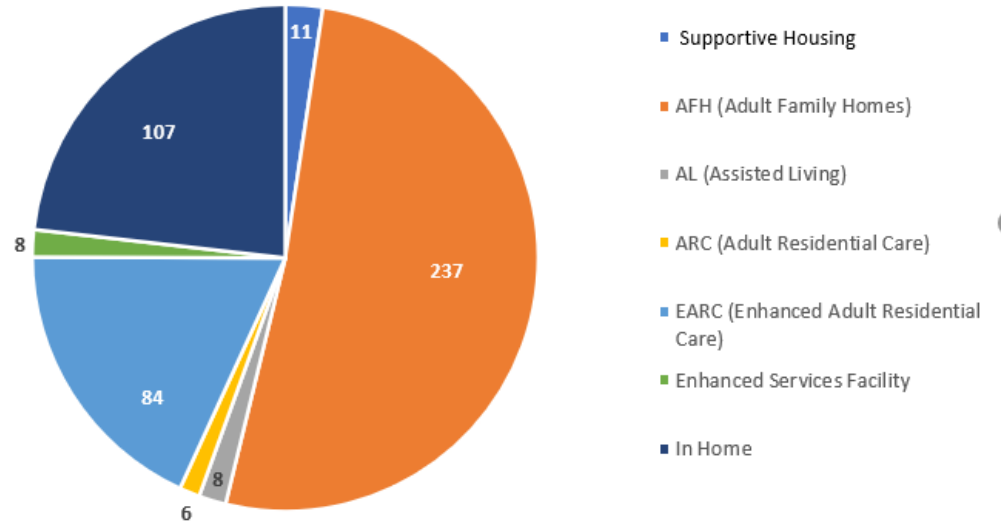
### Western State Hospital (116)



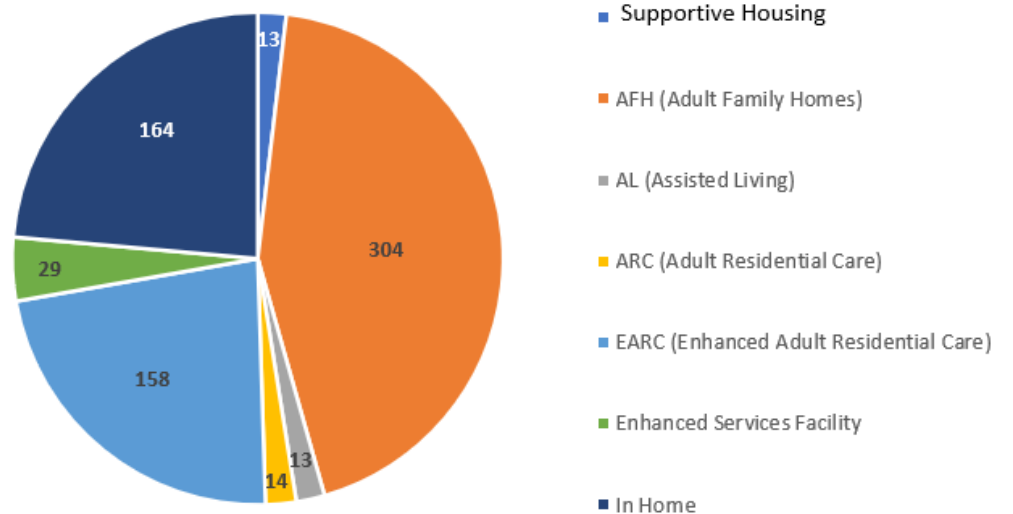
# AL TSA's Transition Efforts

7/1/2021-3/31/2022

Local Psychiatric Facility (461)



Total Transitions by Setting  
(695)





# AL TSA Housing Resources and Educational Materials

Important Long-Term Care Manual Chapters:

Specific Housing and Supportive Housing Resources

- [Chapter 5b Housing Resources for AL TSA Clients](#)
- [Chapter 30d Supportive Housing: Foundational Community Supports](#)

Community Transition and Sustainability Services to Support Independent Housing

- Chapter [5a Washington Roads](#)
- Chapters [7b Community First Choice \(CFC\)](#) and [7d COPES](#)
- Chapter [10 Nursing Facility Case Management and Relocation](#)

AL TSA Roads to Community Living Webpages:

- [Housing Resources](#)
- [Supportive Housing Services](#)
- [Becoming a GOSH Provider](#)

GOSH Referral Form [DSHS Form 11-153](#)

## **AL TSA Contacts:**

### **State Hospital Discharge and Diversion (SHDD) Efforts:**

Lateisha De Lay, SHDD Administrator

[lateisha.delay@dshs.wa.gov](mailto:lateisha.delay@dshs.wa.gov)

### **GOSH and Housing Resources:**

Whitney Joy Howard, Supportive Housing Lead Program Manager

[whitney.howard@dshs.wa.gov](mailto:whitney.howard@dshs.wa.gov)

### **Resource Support & Development (RSD) / Specialized Contracts:**

Jamie Tong, RSD Unit Manager

[jamie.tong@dshs.wa.gov](mailto:jamie.tong@dshs.wa.gov)

# Housing and Recovery through Peer Services (HARPS) Program

## Overview

Homelessness is traumatic and cyclical. People with mental health and substance use disorders are most at risk for becoming homeless. Lack of housing interferes with one's ability to receive services and jeopardizes the chances for successful recovery. The Housing and Recovery through Peer Services (HARPS) program provides supportive housing services to at risk individuals. At risk individuals are people who are exiting or at risk of entering inpatient, behavioral healthcare settings. HARPS uses Evidence-Based Practice (EBP) Permanent Supportive Housing (PSH) from Substance Use and Mental Health Services Administration (SAMHSA). Certified Peers deliver these services and follow the principles of the EBP:

- Choice in housing (including location and composition)
- Access to housing (Housing First)
- Integrated housing (Scattered throughout the community)
- Separation of housing and services
- Flexible and voluntary services (varying frequency and intensity)
- Safe, decent, and affordable housing

**The HARPS Program provides short-term, bridge subsidies to assist individuals with costs associated with moving.**

**Many of the HARPS Participants also qualified for long-term housing subsidies through the Department of Commerce.**

### Eligibility Requirements

HARPS priority populations:

- Individuals who experience behavioral health disorders (either a mental health disorder, substance use disorder or both) and who

demonstrate a medical necessity for inpatient behavioral health services; or

- Individuals who are discharged from or at risk of entering:
  - Psychiatric inpatient settings; or
  - Substance abuse treatment inpatient settings.
- Individuals who are experiencing homelessness or at-risk of homelessness (broad definition of homeless, couch surfing included).

### Authority

In the 2014 supplemental budget, the Legislature funded three HARPS supportive housing pilot projects in North Sound BH ASO, Greater Columbia BH ASO, and Great Rivers BH ASO to:

- Assist individuals' transition from institutional settings into permanent supportive housing
- Provide the basis for supportive housing services, and
- Provide integration opportunities between substance use treatment services and BHOs.

In 2016, the Legislature allocated an additional \$2 million from the state general funds and \$762,000 of the federal block grant to expand the HARPS Program to four more BH ASOs: King County, Pierce/Optom, Spokane and Salish.


In 2017, the Legislature allocated an additional \$2,762,000 for another HARPS team that will be located in the Thurston-Mason BH ASO.

### 2017-19 budget and staffing model

Each team consists of three FTEs (a MHP professional and two certified peer counselors). Total team annual costs: \$190,440.

Housing bridge subsidies are estimated at \$500 per person for three months across all the eight sites.





Each region is allocated funds for bridge subsidies. The 'bridge' subsidy may be used for application fees, security deposits, utilities assistance, and rent.

In the 2019 Legislative Session HARPS was awarded an additional \$500,000 for bridge subsidies for individuals exiting Substance Use Disorder Treatment.

In 2020, two additional HARPS Teams will be created one in the Southwest region and one in the North Central region of the state providing statewide coverage.

### **FY 19 cost and number served**

- Total referrals from the state hospitals: 26
  - Housed: 20
  - Receiving supportive housing services: 6
- Statewide totals:
  - Housed: 1747 from July 1, 2018 to June 30, 2019

Received/receiving supportive housing services: 479

### **Key partners**

BH ASOs and their respective local mental health and housing provider agencies.

### **For more information**

Wanda Johns, [wanda.johns@hca.wa.gov](mailto:wanda.johns@hca.wa.gov), 360-725-1947