Achieving a Functional Involuntary Chemical Dependency System in an Era of Integration

Recommendations to the Adult Behavioral Health Task Force

July 18, 2014

1. **The existing chemical dependency law (70.96A) states that prosecutors <u>may</u> represent the designated chemical dependency specialist or treatment program in judicial proceedings for the involuntary commitment or re-commitment of an individual with a substance use disorder. In order to achieve parity with the equivalent mental health statue (71.05) which mandates prosecutors to represent the individuals/agencies petitioning for involuntary mental health detention, 70.96A should be revised to read that prosecutors <u>shall</u> represent the designated chemical dependency specialist or treatment program in involuntary chemical dependency court proceedings.**
    - See references in 70.96A.145 (chemical dependency) and 71.05.130 (mental health)
2. **Integrate 24/7 crisis response services for chemical dependency and mental health**
    - There has been consistent funding for 24/7 mental health crisis response, but no specific appropriation for chemical dependency crisis response. Crisis response services should be integrated to cover both mental health and chemical dependency.
3. **Adequately fund secure detox and secure residential treatment facilities**
    - Currently there are no secure detox facilities in the state and there are no secure residential treatment facilities. There are less than 150 semi-secure residential chemical dependency treatment beds at Pioneer Center North (Sedro-Woolley) and Pioneer Center East (Spokane).
4. **Create an exemption for court filing fees for involuntary chemical dependency commitment cases**
    - Court filing fees are not required in involuntary mental health cases
    - The current fees are prohibitive for some counties
5. **Streamline commitment timelines related to detentions**
    - The mental health statute says that an individual must be evaluated for involuntary commitment in 12 hours and the chemical dependency statute states that the limit is 10 hours. The timelines should be consistent.

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Integrated Crisis Response Pilots: Long-term Outcomes of Clients Admitted to Secure Detox

Introduction

In 2005, the Washington State Legislature passed E2SSB 5763, which changed substance abuse and mental health commitment laws and directed the Department of Social and Health Services (DSHS) to establish two sites for the Integrated Crisis Response (ICR) pilot program. Following a bidding process, pilots were established at Pierce County and the North Sound Regional Support Network (RSN). The ICR pilots began operating in spring 2006.

In these pilot regions, Designated Crisis Responders (DCRs) investigated and had authority to detain individuals determined "gravely disabled or presenting a likelihood of serious harm" due to mental illness, substance abuse, or both.[1] In non-pilot counties, this function was conducted separately by mental health professionals and chemical dependency specialists who operated under different statutes. The legislation also established secure detoxification (detox) facilities at each pilot site to involuntarily house individuals with substance abuse problems who might refuse services.

Combined, there were nearly 3,000 admissions to the secure detox facilities from March 2006 through June 2009 when, due to funding considerations, the facilities ceased operations.

The 2005 legislation directed the Washington State Institute for Public Policy (Institute) to determine if the ICR pilots were effective at improving treatment and outcomes of clients detained under the statute. The Institute published two preliminary reports on the ICR pilots, one describing client characteristics[2] and another detailing implementation and preliminary outcomes.[3] This report describes 18-month outcomes associated with detentions to the secure detox facilities. Outcomes examined include psychiatric hospitalizations, emergency department utilization, substance abuse treatment, employment, and arrests.

Summary

In 2006, the Washington State Department of Social and Health Services established two sites—one in Pierce County and another at the North Sound Regional Support Network (RSN)—for the Integrated Crisis Response pilot program. At the pilots, Designated Crisis Responders had authority to detain individuals with serious mental illness or substance abuse problems. Elsewhere, this function was usually conducted separately by mental health and chemical dependency professionals. The pilots also created secure detox facilities to hold individuals detained under the statute.

Clients Served: From April 2006 through June 2009 (when the facilities ceased operations) there were nearly 3,000 admissions to secure detox. The facilities averaged about 40 admissions per month and 9.7 days per admission. The average cost per stay was approximately $2,670.

Outcomes of Clients Admitted to Secure Detox: Individuals admitted to secure detox facilities from May 2006 through October 2007 (N=982) were followed for 18 months after their first admission. Their outcomes were compared to a matched comparison groups of clients at other RSNs for whom secure detox was unavailable. The analysis revealed that admission to secure detox was significantly associated with the following:

- Fewer admissions to state and community psychiatric hospitals;
- Greater participation in inpatient substance abuse treatment;
- More rapid entry into substance abuse treatment; and
- Higher rates of employment.
- Findings regarding emergency department utilization and arrests were mixed—with significant increases in one pilot and not the other—but were not statistically significant overall.

Savings from fewer hospitalizations and avoidance of more expensive detentions to mental health facilities more than offset the cost of secure detox. Some of these cost savings may be partially eroded by increased emergency department utilization or arrests experienced by some program participants. While regional factors resulted in differently structured programs at the pilots, key outcomes were consistent across the sites, suggesting similar results could be attained if the program were implemented statewide.

[1] RCW 71.05 and 70.96B

[2] J. Mayfield & M. Burley. (2007). *Integrated crisis response pilots: Preliminary report on client characteristics.* Olympia: Washington State Institute for Public Policy, Document No. 07-12-3901.

[3] J. Mayfield & M. Burley. (2008). *Integrated crisis response pilots: Preliminary outcomes of clients admitted to secure detox.* Olympia: Washington State Institute for Public Policy, Document No. 08-07-3902.

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Utilization of Services by Persons Discharged from Involuntary Chemical Dependency Treatment

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ABSTRACT. This report compares services utilization pre-admission and post-discharge in 735 consecutive persons involuntarily committed to a chemical dependency treatment program in Washington State. Patients entering treatment were in their late 30s, had multiple health problems, previous arrests for misdemeanors or felonies, and minimal structured daily activities. Post discharge, there were decreases in the use of costly acute care services including detox, psychiatric hospitalization, and mental health crisis services. Patients who completed the program were less likely to use acute care services and were more likely to participate in outpatient treatment after discharge. The overall death rate of 29.4 per 1000 persons per year was 4 times greater than the age adjusted death rate for the US adult population. Further studies of other involuntary chemical dependency treatment programs are needed to evaluate the results of this report. *[Article copies available for a fee from The Haworth Document Delivery Service: 1-800-342-9678. E-mail address: getinfo@haworthpressinc.com <Website: http://www.haworthpressinc.com>]*

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