

# **ADULT BEHAVIORAL HEALTH TASK FORCE**

## **Public Safety/ITA Workgroup**

### **Summary Report November 14, 2014**

**Involuntary treatment is an important part of the continuum of care  
and sometimes is the *only* viable option to keep a person safe.**

## **WORKGROUP MEMBERSHIP (attended at least one meeting)**

**Pioneer Center North**

**Public Defenders**

**Mental Health and Recovery Advocates**

**King County Alcoholism and Substance Abuse Administrative Board**

**King County Mental Health and Administrative Board**

**King County Mental Health Advisory Board**

**National Alliance on Mentally Illness (NAMI) Washington**

**Optum Health**

**Pioneer Human Services**

**Senate Human Services and Corrections Staff**

**Spokane RSN**

**Southwest Washington RSN**

**Coordinated Care**

**Washington State Institute for Public Policy**

**Washington Community Mental Health Council**

**Cowlitz County Health & Human Services**

### **A. TASK FORCE CHARGES RELATED TO PUBLIC SAFETY AND INVOLUNTARY TREATMENT**

- **The extent and causes of variations in involuntary commitment rates in different jurisdictions across the state;**
- **Availability of crisis services, including boarding of mental health patients outside of regularly certified treatment beds;**
- **Best practices for cross-system collaboration between behavioral health treatment providers, medical care providers, long-term care service providers, entities providing health home services to high-risk Medicaid clients, law enforcement, and criminal justice agencies; and**
- **Public safety practices involving persons with mental illness and chemical dependency with forensic involvement.**

### **B. OUR VALUES**

- ✓ **We support a treatment philosophy that values the belief that people can and do recover.**
- ✓ **We support a continuum of care that emphasizes prevention and provides intensive services when appropriate.**

- ✓ We support integration, adequate staffing, peer support, safe facilities and training without reducing capacity.

### C. TOP THREE RECOMMENDATIONS

1. **The Legislature should expand chemical dependency ITA services by increasing the number of beds and the rate for residential ITA. Additionally implementing secure detox would facilitate admission into services.**

The Chemical Dependency ITA rate at Pioneer Center North and Pioneer Center East is *one fifth* the cost of providing Mental Health ITA at Western and Eastern State; there has not been a rate increase since 2002; and Pioneer subsidizes the program. In 2011 a WSIPP study noted that there was a net benefit to society and tax payers from a 2006 secure detox pilot, but there are no secure detox facilities in our state.

2. **DSHS should prioritize reduction of violence at state hospitals using evidence-based and best practices.**

Use of evidence-based practices and other best practices will reduce violence at state hospitals and other treatment facilities.

3. **The Legislature should expand availability of peer services by addressing credentialing barriers such as criminal history while ensuring consumer and community safety.**

Peer counselors provide validation and hope to clients; broaden the workforce, and bring risk reduction and cost savings to the system.

### D. OTHER ISSUES

#### Mental health and chemical dependency standardizations:

- The group did not have consensus agreement on this issue but it was brought up as a concern. The chemical dependency statute (RCW 70.96A.145) states that prosecutors "may" pursue involuntary chemical dependency cases. In the mental health statute (RCW 71.05.130), it states that prosecutors "shall" pursue involuntary mental health cases. As a result, some counties will not take contested

chemical dependency cases, thereby calling into question the integrity of the chemical dependency involuntary system.

- Integrate 24/7 crisis response for mental health and chemical dependency.
- Streamline mental health and chemical dependency commitment timelines. It is currently 12 hours for chemical dependency and 10 hours for mental health.
- Create and exemption for chemical dependency court filing fees. This is a barrier to get people into treatment especially in smaller counties.

#### **Non-Medicaid Services:**

- 2SSB 6312 did not specify how crisis services, ITA, and other non-Medicaid services will be funded in regional service areas that will not have a carve out Behavioral Health Organization (BHO) under early adopter models. The legislature should specify the entities responsible for oversight and contracting for these services. This issue is specific right now to the Southwest Washington Region, which wishes to pursue an early adopter option but will quickly be a concern for all the regions.

#### **Diversions to more appropriate care:**

- DSHS needs to develop a plan to divert people with dementia, traumatic brain injuries and other cognitive impairments from the mental health ITA system.

#### **ACKNOWLEDGEMENTS**

We are grateful for the opportunity to provide input to the Adult Behavioral Health Task Force. The Task Force has received a tremendous amount of information and material and we have tried to keep our points succinct and concise. We are also grateful for the assistance of Kevin Black, Senate Human Services and Corrections staff for attending every meeting and providing us guidance on our recommendations.