



King County

The Governor and King County Executive's Community Alternatives to Boarding Task Force

Updated February 1, 2016

To address a mental health community treatment crisis, Governor Jay Inslee and King County Executive Dow Constantine jointly convened the Community Alternatives to Boarding Task Force (CABTF) in August 2014.

The growing number of individuals involuntarily detained for inpatient psychiatric care held in temporary settings not designed to serve their mental health needs prompted the Governor and Executive to a call for action. This phenomenon, known as "psychiatric boarding," was the subject of a Washington State Supreme Court ruling that became effective in December 2014.

King County Council contributed its vision for the CABTF in September 2014 via Motion 14225. The CABTF has shared its progress and draft recommendations via reports to the Council in June 2015 and January 2016.

Membership: The CABTF is comprised of a broad range of high-level representatives from the legal, judicial, and treatment systems that impact individuals involved in the involuntary commitment process.

Participating organizations include the state Division of Behavioral Health and Recovery (DBHR); Western State Hospital (WSH); the Washington State Hospital Association; evaluation and treatment (E&T) providers Harborview Medical Center and Navos; King County Department of Community and Human Services staff; King County's Involuntary Treatment (ITA) Court; and senior policy advisors for the Governor and Executive.

Approach: The CABTF has worked to end illegal psychiatric boarding in King County and maintain the gains achieved, with a view toward a system designed to intervene earlier, reduce demand, and deliver the right care to the right person at the right time.

Current Status: Legal compliance with the pivotal 2014 Washington Supreme Court decision *In re the Detention of D.W. et al* has been achieved and maintained, but an inpatient psychiatric care access crisis remains.

Immediate System Improvements: As part of its early work to improve ITA system effectiveness, the CABTF made major gains in several key areas. The task force:

- Established structured guidelines for patient placement to match patients to the appropriate treatment setting;
- Extended patient placement hours, with centralized coordination;
- Streamlined SBC approval processes at Western State Hospital (WSH) that had caused delays;
- Engaged local community hospitals to agree to care for involuntarily detained patients even under new, stricter guidelines from the state; and

- Dramatically increased the rate at which involuntary patients were directly and immediately placed into appropriate facilities for treatment, reducing the use of temporary single bed certification (SBC) authority.

Emerging Issues are Affecting Access: Early major reductions in SBC use have eroded recently, due to:

- Recent developments at WSH that are restricting access to inpatient care in King County; and
- Systemwide behavioral health workforce conditions.

As a result, the CABTF continues its ongoing work to address immediate needs in the ITA system and to ensure continued compliance with the Court ruling.

Long Term System Design Recommendations: Another major part of the CABTF's charge has been to develop long-term system improvement recommendations to reduce involuntary treatment demand. In January 2016, the CABTF offered a progress report containing draft long-term recommendations based on its work to date, including these categories:

- Anchoring work in broad system change processes and initiatives;
- Pursuing strategic services that have the potential to reduce involuntary treatment demand, including:
 - Prevention and early intervention services to facilitate earlier treatment access, before contact with emergency systems;
 - Crisis diversion resources, in order to connect or re-connect people in crisis with needed supports; and
 - Community-based discharge options to improve movement through the inpatient system; and
- Pursuing policy and legislative changes to support the delivery of integrated care by a robust workforce and improve involuntary care for vulnerable populations.

Forthcoming Final Report in June 2016: The CABTF's design recommendations will be outlined and prioritized for action in its final report in June 2016, alongside its ongoing work to address emerging system challenges.