

Mental Health and Substance Use Disorders – Involuntary Treatment System Integration

HB 1713, passed by the Washington State Legislature in 2015, makes several significant changes to the behavioral health treatment system toward integrating treatment for mental health and substance use disorders (SUD).

Section 102 amends 70.96A.140 to make changes to the current process for SUD involuntary treatment. These changes went into effect June 28, 2016. As of April 1, 2018, 70.96A.140 will expire. There are three main changes that move the current SUD involuntary treatment process to be congruent with the current mental health involuntary treatment process:

1. The time frames for commitment were changed from 60 days to 14 and 90 days of involuntary treatment.
2. The petition process for the 14-day commitment now requires two signing professionals who have examined the individual. The prescribed combination of professionals includes physician, physician assistant, psychiatric advanced registered nurse practitioner, and mental health professional. The list does not include Designated Chemical Dependency Specialist (DCDS), the professionals who previously completed the evaluation and petition process for SUD involuntary treatment.
3. Examining professionals are required to rule out all less restrictive options for treatment, and note why less restrictive options are not appropriate in the petition for commitment.

To facilitate these changes to process, the Division of Behavioral Health and Recovery (DBHR):

- Provided education and facilitated community discussion with stakeholders via meetings with Behavioral Health Organizations (BHOs), treatment providers, and agencies that employ DCDS professionals.
- Provided an informational webinar (11/16/16) for stakeholders and providers.
- Submitted request legislation during the 2017 legislative session to add DCDS to the list of professionals qualified to sign a petition for 14 days of involuntary treatment.

Section 201 directs the department (DSHS) to develop a transition process and combine the function of DCDS and Designated Mental Health Professional (DMHP) by April 1, 2018 to create a professional designated to carry out the functions of RCW 71.05 and RCW 71.34 as Designated Crisis Responders (DCR).

To facilitate these changes to process, DBHR:

- Is developing a training curriculum for DMHPs in consultation with stakeholders, providers, and BHOs.
- Will provide this training statewide between April 2017 and March 2018.
- Is providing ongoing updates and facilitating discussion with stakeholders and providers at BHO meetings, professional association meetings, and in response to questions from the community.

Section 201 also directs DSHS to stand up one Secure Detoxification Facility by April 1, 2018 and a second facility by April 1, 2019. Funds permitting, nine secure detox facilities will be developed in the state by 2026, seven for adults and two for minors.

To facilitate these changes to process, DBHR:

- Is developing a working definition of a secure detoxification facility to guide implementation.
- Requested funds for secure detoxification facilities and provision of care in those facilities.

- Is developing a definition of a continuum of care for SUD treatment to guide implementation of a system that will provide less restrictive and voluntary treatment options in addition to involuntary treatment in secure detoxification facilities.
- Is conducting ongoing outreach and discussion with stakeholders and community providers regarding secure detoxification facilities and the continuum of care.

Questions about this process may be directed to Jessica.Shook@dshs.wa.gov or Arthur.Williams@dshs.wa.gov.