



**Report to the Legislature**

**Services to Persons with  
Developmental Disabilities who are Discharged  
or Diverted from State Hospitals or Individuals  
with Community Protection Issues**

Chapter 518, Laws of 2005, Section 205(1)(d) Uncodified

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Chapter 518, Laws of 2005, Section 205(1) (d) requires the Department of Social and Health Services' Division of Developmental Disabilities (DDD) to report, within 45 days following each fiscal quarter, the number of persons served in the community through this section, where they were residing, what kinds of services they were receiving prior to placement, and the actual expenditures for all community services to support these clients. This proviso is intended to provide community residential supports, therapies and employment/day services to individuals who are discharged or diverted from state psychiatric hospitals and for individuals that qualify for the Community Protection Program.

## **BACKGROUND**

### **Hospital Discharge**

Providing services to individuals with developmental disabilities who are diagnosed with mental illness and/or are otherwise gravely disabled is a long-term state and national issue. Since 1985, the Washington State Legislature has periodically provided funding to enable some developmentally disabled clients to move out of state hospitals when community placement is recommended. Between the periods of August 1996-1998, however, the number of people with developmental disabilities at the state's two psychiatric hospitals grew from 53 to a high of 92.

In January 1999, the Washington Protection and Advocacy System filed a federal class action lawsuit (*Allen v DSHS*) alleging abuse and neglect of individuals with developmental disabilities at Western State Hospital (WSH). It further alleged that individuals were denied opportunities for discharge and community support, and that they were at risk for unnecessary involuntary commitment. A mediated settlement agreement was reached in December 1999. Among the terms of the agreement, the state agreed to request funding from the legislature to implement a 3-phase remedy titled the Division of Developmental Disabilities/Mental Health Division Collaborative Work Plan.

The supplemental budget passed in the 2000 Legislative Session included \$6,673,000 to fund Phases 1 and 2 of the collaborative work plan. Phase 3 of the work plan proposed to establish involuntary treatment facilities. Phase 3 was not initially funded. The Legislature instead required a comprehensive study of long-term treatment alternatives for individuals with developmental disabilities and mental illness. The report's recommendation was to continue to house involuntary treatment clients at the two state psychiatric hospitals.

The Legislature authorized funds to the Mental Health Division to support Phase 3 at the state psychiatric hospitals during the 2001-2003 Biennium.

In this current proviso, the Legislature appropriated funds to DDD to provide community supports for thirty-five (35) individuals with developmental disabilities who are clients being diverted or discharged from the state psychiatric hospitals, clients leaving Department of Corrections custody and participating in the dangerous mentally ill offender program (DMIO), clients participating in the community protection program, and mental health crisis diversion outplacements. These funds provided an average daily rate of \$300.00 per client/per day.

DDD has prioritized the use of these proviso funds to serve individuals who have been released from the Department of Corrections, or who have been determined ready for discharge from state psychiatric hospitals in an effort to comply with the *Allen v. WSH, et al.*, and the *Smith v DSHS, et al.*, federal court Settlement Orders.

## STATUS

The Division of Developmental Disabilities has placed a total of three (3) individuals since July 2005 at an average daily rate of \$468.29 (see attached spreadsheet).

For the second quarter, October through December 2005, three (3) individuals have been placed into the community from state psychiatric facilities. Prior to community placement from the state hospital, individuals receive habilitative mental health services at Western State Hospital (WSH) or Eastern State Hospital (ESH) as part of the DDD Habilitative Mental Health Unit. These inpatient services included skills building, group and individual counseling services, vocational services, coaching, and highly specialized individual treatment services and planning, including functional assessments and positive behavior support planning. Services at both state hospitals comply with requirements set forth in the Civil Rights of Institutionalized Persons Act, 42 USC 1997.

Client # 1 is a twenty-one year old man with a diagnosis of Mild Mental Retardation, Pervasive Developmental Disorder NOS, and Intermittent Explosive Disorder who was admitted to WSH on multiple occasions for assaulting his mother and demonstrating self-injurious behavior. While at WSH, client # 1 was referred for DDD eligibility and was found eligible in 2004. At that time, client #1 was transferred to the DDD specialized unit at WSH and received active habilitation treatment services. He was discharged to his own home with supports provided by a DDD certified Community Protection Program.

Client # 2 is a thirty-seven year old man with a diagnosis of Mild Mental Retardation, Psychosis NOS, and Bipolar Disorder who was admitted to WSH in 1998 on a revocation of his 180-day Least Restrictive Alternative after assaulting housemates and staff at his home. While at WSH, client # 2 went through multiple medication trials in an attempt to find medications that would effectively treat his symptoms. Client # 2 required frequent seclusion and restraint to prevent harm to himself and others. In the quarter prior to his discharge from WSH, client # 2's seclusion and restraint episodes were significantly reduced and medications were stabilized. Client # 2 was discharged this quarter to a Certified Community Protection Program where he receives specialized supports and therapy for his aggression. He is working with a vocational provider for job development and receives his mental health services from the local community mental health center and is doing well adjusting to his new residence.

Client # 3 is a forty-four year old male with a diagnosis of Mild Mental Retardation, Psychosis NOS, Intermittent Explosive Disorder, Anxiety NOS, Poly Substance Abuse (in remission), Borderline Personality Disorder with Dependant Features, Klinefelter's syndrome, Diabetes, Obesity, and Degenerative Joint Disease who was admitted to WSH after assaulting his mother in 1996. While at a court hearing at WSH, client # 3 attempted to assault the court commissioner. Due to ongoing aggressive behaviors client # 3 was placed on a treatment unit within the Center for Forensic Services where he received medication, vocational and group therapy, and 1:1 counseling. Client # 3 had no instances of assault requiring seclusion and restraint for 6 months prior to his discharge. He was recently discharged to a DDD certified Community Protection Program where he receives specialized supports and therapy. He receives his mental health services from the local community mental health center, and is doing well adjusting to his new residence.

It is noted here that that there have been thirteen (13) admissions to WSH in the October – December 2005 reporting period. Nine (9) admissions were for court-ordered competency restoration under RCW 10.77, after being found not competent to stand trial. Four (4) individuals were admitted for psychiatric treatment after being determined to be a danger to self and/or others as a result of a mental disorder under RCW 71.05, two of which were revocations of a least restrictive alternative (LRA).

At ESH, for the same reporting period, there were no (0) clients who were admitted for court-ordered competency restoration under RCW 10.77, and one (1) client who was admitted for involuntary psychiatric treatment under RCW 71.05.

### **Prison Discharge**

To date, no (0) individuals have been placed into the Division's Community Protection Program since July 1, 2005.

2005-2007  
 CPP Proviso Tracking OUTPLACEMENT TOTALS  
 2nd Quarter Totals

<b>Hospital &amp; CPP Outpla</b>		<b>Previous Residence</b>	<b>Residential Start Date</b>	<b>Number of Days in Service</b>	<b>Type of Services</b>				<b>Expenditures</b>	
<b>Region</b>	<b>Number</b>				<b>Residential Daily Rate</b>	<b>Day Services Daily Rate</b>	<b>Other Daily Rate</b>	<b>Therapies Daily Rate</b>	<b>Total Daily Rate.</b>	<b>Total Expend. To Date</b>
3	1	WSH long term	10/24/05	70	\$ 428.30	\$ 24.65	\$ -	\$ 15.00	\$ 467.95	\$ 32,756.50
3	2	WSH long term	10/27/05	67	\$ 408.28	\$ 24.65	\$ -	\$ 15.00	\$ 447.93	\$ 30,011.31
4	3	WSH long term	12/19/05	13	\$ 447.16	\$ 30.00	\$ -	\$ 11.84	\$ 489.00	\$ 6,357.00
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	30								\$ -	\$ -
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	32									
	33									
	34									
	35									
<b>Average for Outplacements</b>									<b>\$ 468.29</b>	<b>\$ 69,124.81</b>