

MIDD 2 Initiative CD-14: Involuntary Treatment Triage (NEW)

How does the program advance the adopted MIDD policy goals?

This program primarily addresses the adopted MIDD policy goal of “divert individuals with behavioral health needs from costly interventions, such as jail, emergency rooms, and hospitals.”

This funding will enable Harborview Medical Center (HMC) to provide local triage evaluations for individuals with severe and persistent mental illness who have been charged with a serious misdemeanor offense and are found not competent to assist in their own defense and not able to be restored to competency to stand trial.

This will enable Designated Mental Health Professionals (DMHPs), dispatched from King County Crisis and Commitment Services (CCS), who currently provide these evaluations, to respond more efficiently to a significant volume of initial referrals for involuntary treatment evaluation services under RCW 71.05 (the civil Involuntary Treatment Act). This triage project also ensures full compliance with the process outlined in RCW 10.77, as HMC can evaluate each person for a 90-day civil commitment, unlike DMHPs who may only evaluate for an initial 72-hour detention.

1. Program Description

◇ A. Service Components/Design (Brief)

The HMC evaluator (who is a licensed clinical social worker) receives the court order to evaluate the person in jail within a 72-hour window.

If the person is deemed to not meet the threshold for civil commitment, the HMC evaluator develops a safe plan for release in coordination with outside providers and release planners, and petitions the judge for release of the person to the community.

If the person is determined to meet the legal threshold for civil commitment under Chapter 71.05 RCW (the Involuntary Treatment Act), ⁹⁵ the evaluator (along with a prescriber) will file a petition for a 90-day more restrictive order. In coordination with the County and local Evaluation and Treatment (E&T) facilities, the person is placed in the appropriate local E&T for inpatient psychiatric treatment.

◇ B. Goals

This initiative will ensure that incarcerated individuals with mental illness who may not be competent and not restorable receive the appropriate level of care locally. Specifically, if these individuals do not require hospitalization, they will be connected with appropriate outpatient services to address their primary and mental health care needs. This initiative provides a more robust continuum and coordination of care with a more thorough assessment of the individuals’ needs and strong linkage to services, either from jail or once discharged from the

⁹⁵ Mental Illness and Involuntary Treatment Act statute: <http://app.leg.wa.gov/RCW/default.aspx?cite=71.05>.

E&T. By keeping individuals in local treatment facilities (vs. Western State Hospital) for the initial treatment, there is a decrease in the number of patients being placed on long-term court orders and in turn a decrease in placements to Western State Hospital (WSH). Lastly, this triage project seeks to avoid the unnecessary use of emergency departments, by providing the initial evaluation in the jail.

◇ C. Preliminary Performance Measures (based on MIDD 2 Framework)⁹⁶

1. How much? Service Capacity Measures

It is estimated that between 200 and 250 unduplicated individuals per year may receive evaluations through this program once fully operational.

2. How well? Service Quality Measures

- Increased use of preventive (outpatient) services

3. Is anyone better off? Individual Outcome Measures

- Reduced unnecessary hospital and emergency department use
- Reduction of crisis events

◇ D. Provided by: Contractor

2. Spending Plan

Year	Activity	Amount
2017	Competency triage evaluation services	\$150,000
2017 Annual Expenditure		\$150,000
2018	Competency triage evaluation services	\$153,900
2018 Annual Expenditure		\$153,900
Biennial Expenditure		\$303,900

⁹⁶ Throughout 2017, review and refinement of Results-Based Accountability (RBA) performance measures for MIDD 2 initiatives will be conducted whenever applicable, in consultation with providers. Updates to performance measures that may result from this collaborative process will be reported in the next MIDD Annual Report in August 2018.

3. Implementation Schedule

◇ A. Procurement and Contracting of Services

The service has been contracted to current triage project partner Harborview Medical Center, which has been performing evaluations via this workgroup since 2013 to the degree such services have been feasible without dedicated funding.

◇ B. Services Start date (s)

Service planning, measures, and data reporting methods for this initiative occurred in early 2017 during the startup phase. MIDD-funded evaluation services began during the second quarter of 2017.

4. Community Engagement Efforts

Although this is a newly funded MIDD 2 initiative, the program model is already established, as the contracted provider has performed these services for a number of years (without funding) until recently. Routine stakeholder engagement is ongoing in the form of a monthly meeting with the court, hospital, and provider to review processes and data and to implement system improvements as needed.