

Housing-related support for people discharging from long-term care



Report on community behavioral health services for people leaving long-term civil commitment settings per Section 128 (139) of Chapter 297, Laws of 2022

HOUSING DIVISION

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Report to the Legislature

Director Mike Fong

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Executive summary

Legislative mandate

Section 128 (139) of [Chapter 297, Laws of 2022](#), directed the Department of Commerce to develop a report on the behavioral health, long-term care facilities and residential settings that support individuals once they are discharged from state psychiatric hospitals:

\$75,000 of the general fund—state appropriation for fiscal year 2022 and \$125,000 of the general fund—state appropriation for fiscal year 2023 are provided solely for the department of commerce to develop a report on the behavioral health and long-term care facilities and residential settings that provide services within the continuum of care for individuals who are discharged from state psychiatric hospitals. For the purposes of this subsection, "continuum of care" means transitional housing or residential placements that provide supportive services and skill development needed for individuals to be permanently housed, and permanent supportive housing or residential placements that provide individuals with an appropriate place to live with services available as needed. The report must map the geographic location of each facility or residential setting, and it must highlight geographic gaps in service availability. In preparing the report, the department must coordinate with the department of social and health services, the department of health, and the health care authority. The department must submit its report to the governor and appropriate legislative committees no later than December 1, 2022.

The Department of Commerce contracted with the Department of Social and Health Services (DSHS) Research and Data Analysis Division (RDA) to perform the necessary analyses and draft the required report. By looking at HCA regions, an analysis of discharges shows where people have a lack of housing and service availability and where services better match the need.

Key findings by HCA regional districts

- **North Central, Olympic, and Great Rivers regions have relatively low service availability.**
- **King and Greater Columbia have relatively low service availability among the larger regions.**
- **Spokane, North Sound, Southwest, and Thurston-Mason regions show relative parity or slightly favorable relative service availability.**
- **Services supporting people discharging from long-term civil commitment (LTCC) settings are more widely available in the Pierce region.**

Next steps

A second phase of work, scheduled to be completed by June 2023, will examine the use of other HCA housing programs and AL TSA specialized contract utilization data if relevant data are available. Finally, we will look at the overlapping use of the various in-scope housing and related supportive services to provide a more comprehensive picture of service utilization patterns.

Introduction

Background

Section 128 (139) of Chapter 297, Laws of 2022, directed the Department of Commerce to develop a report on behavioral health and long-term care facilities and residential settings that provide services within the continuum of care for individuals discharged from state psychiatric hospitals. Continuum of care was defined to mean transitional housing or residential settings that provide supportive services and skill development needed for individuals to be permanently housed, and permanent supportive housing or residential settings that provide individuals with an appropriate place to live with services available as needed. The Legislature further directed that the report must map the geographic location of each facility or residential setting and highlight geographic gaps in service availability.

The Legislature also directed that the work be conducted in coordination with the Department of Social and Health Services (DSHS), the Department of Health (DOH), and the Health Care Authority (HCA). The Department of Commerce contracted with the DSHS Research and Data Analysis Division (RDA) to conduct the analyses and draft the required report. RDA has extensive experience linking and analyzing data across relevant service settings. A cross-agency work group was established to review and help inform report content, including Department of Commerce, DSHS, HCA, and DOH members.

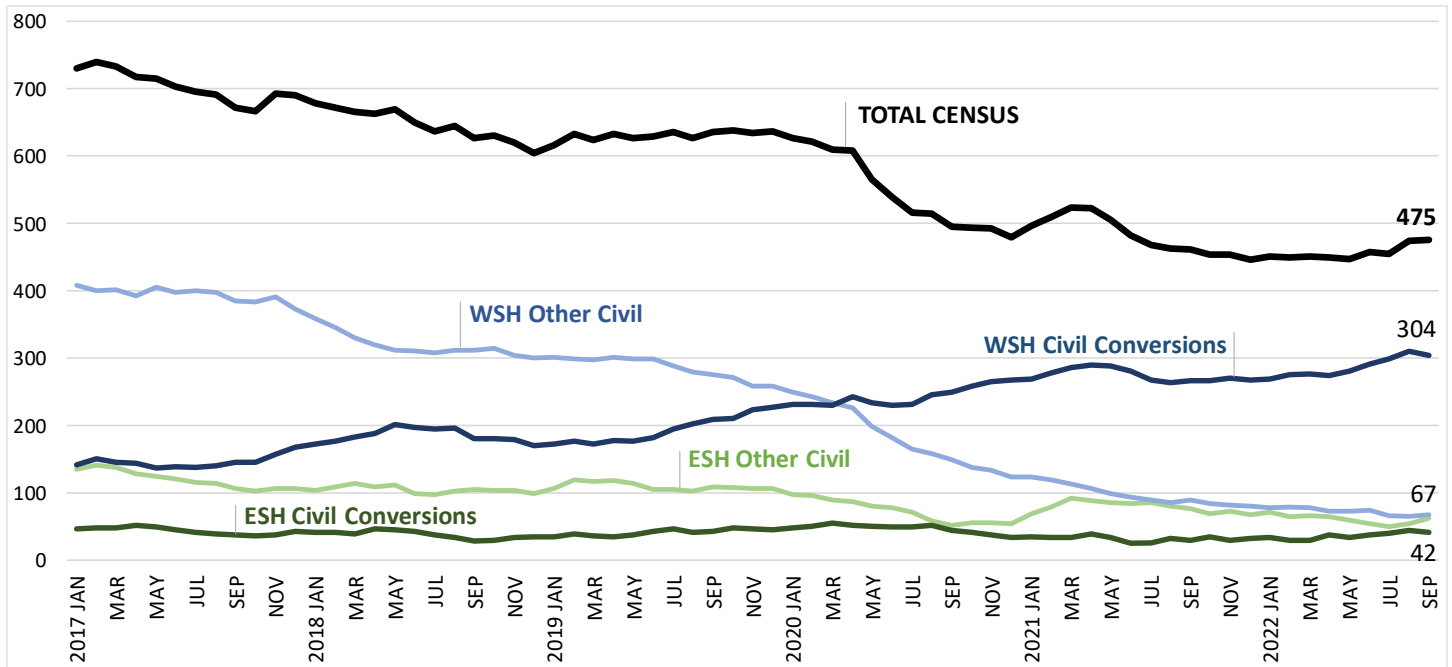
Study population

Although the proviso language referenced people discharging from state psychiatric hospitals, the work group recognized that most non-civil conversion patients admitted to a long-term civil commitment (LTCC) setting are currently served in HCA-contracted community hospitals. These community-based settings include Evaluation and Treatment (E&T) facilities, licensed community psychiatric hospitals, and other acute hospital settings. This study interprets the in-scope population to include people discharging from a civil setting at a state psychiatric hospital or from HCA-contracted LTCC settings.

[Figures 1](#) and [2](#) below provide a perspective on the monthly census of people residing in a civil setting at Western State Hospital (WSH) (371 people), Eastern State Hospital (ESH) (109), or an HCA-contracted LTCC setting (124). From a monthly patient census perspective, patients who have shifted from a forensic to civil legal authority (civil conversions) at WSH or ESH reflect the largest share of the LTCC population.¹ However, in part because lengths of stay in HCA-contracted LTCC settings tend to be much shorter than those at the state hospitals, people discharging from HCA-contracted LTCC settings comprise a large and growing proportion of total LTCC discharges.

¹ "The Center for Forensic Services (CFS) serves clients who have been committed to the hospital under the [chapter 10.77 RCW](#). These include defendants who are undergoing an inpatient evaluation for competency to stand trial and/or mental state at the time of the criminal offense. CFS also provides competency restoration treatment and treatment for clients who have been found Not Guilty by Reason of Insanity (NGRI)." From: Washington State Department of Social and Health Services, *WSH – Center for Forensic Services*, <https://www.dshs.wa.gov/bha/division-state-hospitals/wsh-center-forensic-services>

Figure 1: Census counts at WSH and ESH, first-of-month snapshots, Jan. 1, 2017, through Sept. 1, 2022

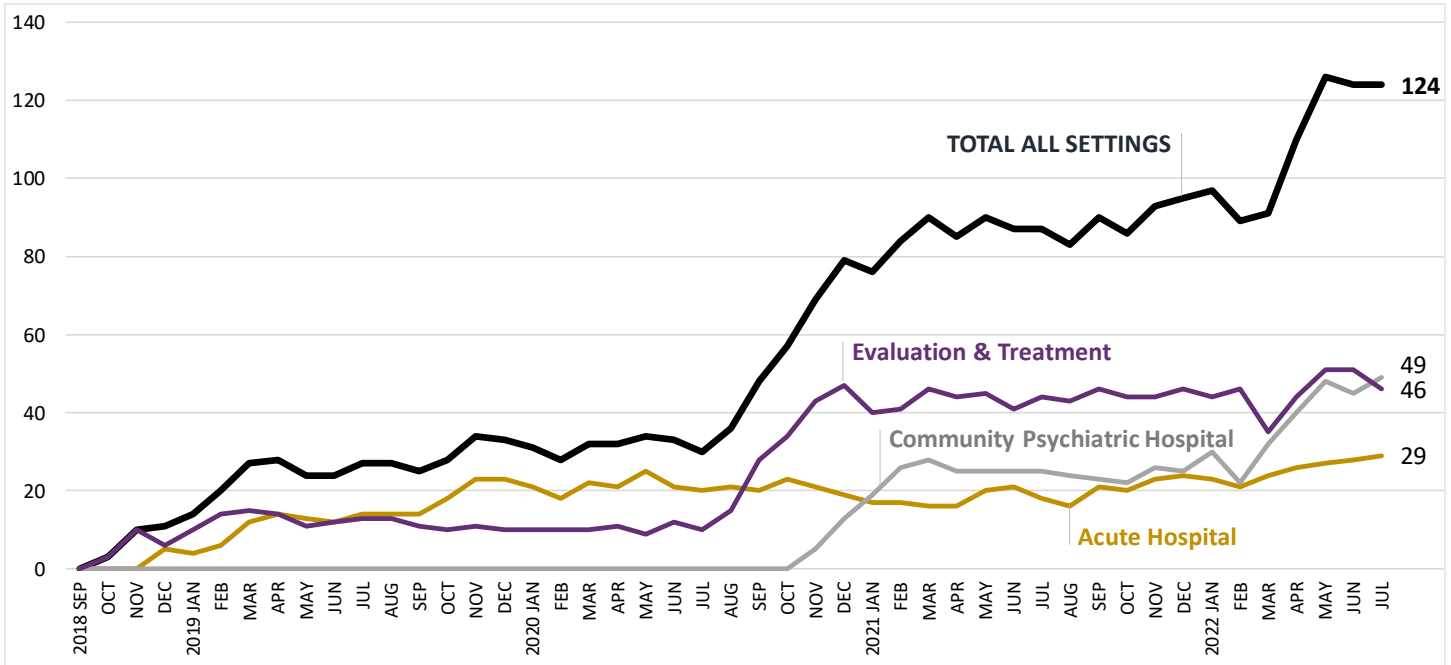


Source: DSHS Research and Data Analysis.

Notes: Civil Census counts include in-residence patients and exclude patients released on Authorized Leave or Medical Discharge. Civil Conversions counts reflect the number of in-residence civil patients who converted from forensic to civil legal authority after a defendant's felony charges are dismissed due to a lack of competency to stand trial, and the individual is then found to meet criteria under [chapter 71.05 RCW](#) for civil commitment.²

² Department of Social and Health Services, Behavioral Health Administration, Office of Forensic Mental Health Services, "Washington State Legal System Guide to Forensic Mental Health Services," (2016), <https://www.dshs.wa.gov/sites/default/files/BHSIA/WSH/WA%20State%20Legal%20System%20Guide%20to%20Forensic%20Mental%20Health.pdf>

Figure 2: HCA-Contracted Long-Term Civil Commitment³ monthly census, first day of the month



Source: DSHS Research and Data Analysis.

Notes: Based on admit and discharge dates for completed stays and inferred from authorization data for admissions that were still committed at the time.

Research approach

A cross-agency work group was established to review and help inform report content. The work group included members from the Department of Commerce (Commerce), the DSHS, the Health Care Authority (HCA), and the Department of Health (DOH). The work group determined that the in-scope study population should include people discharging from a civil setting at state psychiatric hospitals and HCA-contracted long-term civil commitment (LTCC) settings.⁴ The work group also identified community behavioral health and housing-related services and supports provided by HCA, Commerce and DSHS as in-scope for this study.

Psychiatric inpatient, acute hospital, crisis, and institutional services (such as nursing homes funded by DSHS' Aging and Long-Term Support Administration (AL TSA) and Development Disabilities Administration (DDA) residential habilitation centers) were determined to be outside the scope of report requirements.

³ The Health Care Authority (HCA) contracts with community hospitals and freestanding evaluation and treatment facilities to maintain beds for 90-180-day involuntary, inpatient, psychiatric treatment. Individuals, mandated by a court process for civil commitment stays of 90-180 days, may receive long-term inpatient care from a community hospital or freestanding evaluation and treatment center contracted with HCA for this program, regardless of Medicaid managed care enrollment. From: Washington State Health Care Authority, *90- and 180-day civil commitment beds*, <https://www.hca.wa.gov/billers-providers-partners/program-information-providers/90-and-180-day-civil-commitment-beds>

⁴ "Civil Commitment means the determination by a court that a person should be detained for a period of either evaluation or treatment, or both, in an inpatient or a less restrictive setting ([RCW 71.05.020](http://rcw.wa.gov/RCW_71.05.020)). The presence of a mental disorder is a prerequisite for civil commitment. Other criteria frequently include dangerous behavior toward self or others, grave disability, and the need for treatment." Source: Office of Forensic Mental Health Services, "Washington State Legal System Guide to Forensic Mental Health Services," <https://www.dshs.wa.gov/sites/default/files/BHSIA/WSH/WA%20State%20Legal%20System%20Guide%20to%20Forensic%20Mental%20Health.pdf>

We set in-scope, need-based benchmarks based on the residence of people discharged from an LTCC setting for three years from 2019-2021. This method allowed us to consider service availability and needs for each health care region with a three-year population average. We examined the use of services by people released from LTCC settings in December 2021 by region and compared that data with the benchmarks.

Measurement approach

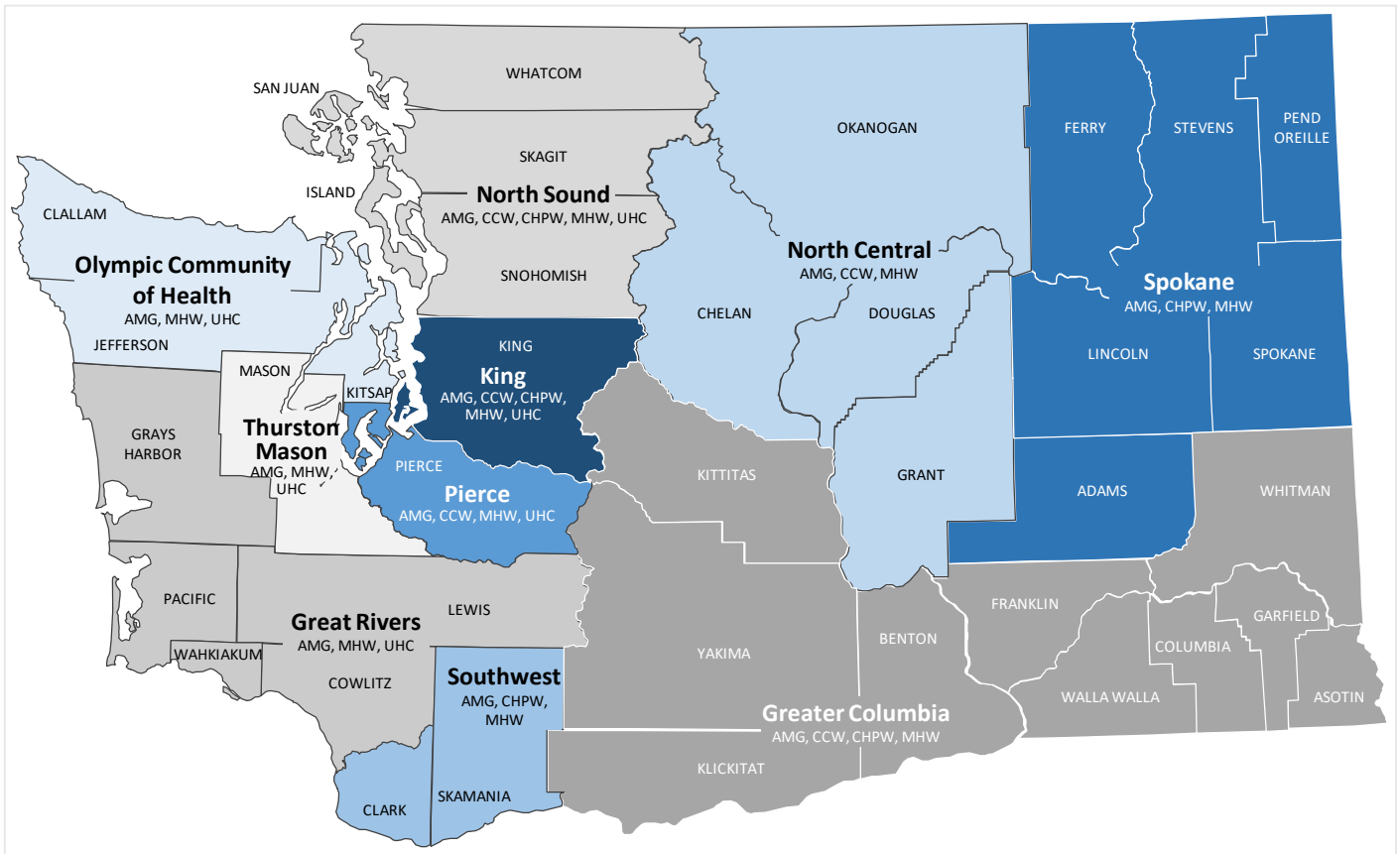
We assess the use of in-scope services and supports in December 2021 by the HCA purchasing region shown in [Figure 3](#), relative to the regional distribution of people recently discharged from an LTCC setting, as reported in [Table 1](#). We do not formally assess each service type's absolute level of need. Determining an absolute level of need for any given service would be challenging, given that the level of need for any given service directly depends on the availability of related services that may act as substitutes or complements. For example, a person who may benefit from a particular supportive housing program might also be effectively served through alternative housing supports and/or intensive community behavioral health services. Similarly, for a given housing support or facility-based service setting to be effective, other intensive community behavioral health services may be needed to stably house people recently discharged into those settings from an LTCC.

Health Care Authority regions

The list of regions and the counties in each follows:

- **Spokane:** Adams, Ferry, Lincoln, Pend Oreille, Spokane, and Stevens counties
 - Labeled in some maps as Better Health Together
- **Pierce:** Pierce County
 - Labeled in some maps as Elevate Health
- **Great Rivers:** Cowlitz, Grays Harbor, Lewis, Pacific, and Wahkiakum counties
- **Greater Columbia:** Asotin, Benton, Columbia, Franklin, Garfield, Kittitas, Walla Walla, Whitman, and Yakima counties
- **King:** King County
 - Labeled in some maps as HealthierHere
- **North Central:** Chelan, Douglas, Grant, and Okanogan counties
- **North Sound:** Island, San Juan, Skagit, Snohomish, and Whatcom counties
- **Olympic:** Clallam, Jefferson, and Kitsap counties
- **Southwest:** Clark, Klickitat, and Skamania counties
- **Thurston-Mason:** Thurston and Mason counties

Figure 3: HCA service areas



[Table 1](#) describes a three-year (2019-2021) total number of people released from LTCC in each region. The total (in column "Unduplicated count 2019-2021") is then divided by the number of regions to determine each region's share of LTCC patients. The regional share is a metric used in most subsequent tables.

Table 1: Distribution of residence region at admission among recent LTCC discharges, calendar year 2019 through 2021

Region	2019	2020	2021	Unduplicated count 2019-2021*	Regional share of LTCC clients**
Spokane	189	208	308	517	23.1%
Pierce	79	89	86	242	10.8%
Great Rivers	36	42	68	134	6.0%
Greater Columbia	110	112	118	276	12.3%
King	141	118	127	370	16.5%
North Central	30	28	28	74	3.3%
North Sound	97	72	70	222	9.9%
Olympic	84	55	54	121	5.4%
Southwest	58	34	48	114	5.1%
Thurston-Mason	33	58	95	170	7.6%
Total	857	816	1,002	2,240	100%

*Unduplicated by person based on the last discharge in the 2019-21 period. Regional attribution based on most recent county of admission.

**Regional share of unduplicated people discharged from an LTCC in calendar years 2019, 2020, or 2021.

In-scope housing and related supportive services

As a group, people discharging from LTCC settings have diverse and extensive support needs spanning the continuum of health and human service programs. The cross-agency work group identified the following services as within the analytic scope of this report:

- HCA-funded community behavioral health services:
 - Mental health residential treatment services
 - Behavioral health intensive treatment facilities
 - Program of Assertive Community Treatment (PACT)
 - Foundational Community Supports (FCS) supportive housing
- Department of Commerce housing supports:
 - Rapid Rehousing
 - Transitional Housing
 - Permanent Housing

- Permanent Supportive Housing
- Community Behavioral Health Rental Assistance (CBRA)
- DSHS ALTSA services:
 - Assisted living
 - Adult residential care
 - Adult family home
 - Enhanced services facilities
 - In-home services
 - Governor's Opportunity for Supportive Housing (GOSH)
 - Specialized contracts with behavioral supports
 - Clients in ALTSA Long Term Support Services (LTSS) settings who also receive Medicaid Managed Care Organization (MCO)-funded exceptional care support
- DSHS DDA services:
 - Residential programs
 - State-operated living alternatives (SOLA)

Psychiatric inpatient, acute hospital, crisis, and institutional services (such as nursing homes funded by ALTSA and DDA residential habilitation centers) were determined to be outside the scope of report requirements.

The remainder of this section provides additional programmatic detail for in-scope housing supports and related services. A glossary of program abbreviations and acronyms is in [Appendix A](#). Note that clients may receive multiple types of in-scope services concurrently, and we do not attempt to describe the distribution of the various possible service combinations. For example, a former LTCC patient may be receiving GOSH services while residing in an adult family home or receiving ALTSA in-home services.

Analysis of regional distribution relative to the LTCC population

We examine the utilization of in-scope services in December 2021 by people recently discharged from LTCC settings, with a focus on the following questions:

- **Statewide, which settings served the most people recently discharged from an LTCC setting?**
 - ALTSA LTSS with MOC-funded exceptional wraparound support; see [Table 13](#)
 - ALTSA [Adult Family Homes](#); see [Table 10](#)
- **For which services do recent LTCC patients comprise a higher proportion of the statewide service population?**
 - [GOSH](#) 60%; see [Table 11](#), and [ALTSA Community Residential Services](#) 59%; see [Table 7](#); (this information is typically included in the text that precedes the tables).
- **How do regional shares of recent LTCC clients in specific service settings differ from the regional share of the LTCC population, as identified in [Table 1](#)?**
 - This is answered throughout the report in the columns labeled "Share difference."

In-scope HCA-funded community behavioral health services

[Table 2](#) describes the use of HCA mental health residential treatment services by recent LTCC patients. Statewide, 75 HCA mental health residential treatment clients in December 2021 were recently discharged from an LTCC setting, representing 12% (75 of 639) of the mental health residential treatment population. Relative to the regional share of the overall LTCC population, mental health residential treatment service use was greatest in the Pierce and King regions. Relative use was lower in the Spokane, Thurston-Mason, and Southwest regions.

Table 2: Regional distribution of recent LTCC patients among December 2021 HCA mental health residential clients

Region	All clients	Recent LTCC clients	Regional share	Regional share of recent LTCC clients*	Share difference
Spokane	60	11	14.7%	23.1%	-8.4%
Pierce	99	20	26.7%	10.8%	15.9%
Great Rivers	4	1	1.3%	6.0%	-4.6%
Greater Columbia	52	10	13.3%	12.3%	1.0%
King	289	18	24.0%	16.5%	7.5%
North Central	10	1	1.3%	3.3%	-2.0%
North Sound	81	9	12.0%	9.9%	2.1%
Olympic	31	4	5.3%	5.4%	-0.1%
Southwest	8	0	0.0%	5.1%	-5.1%
Thurston-Mason	5	1	1.3%	7.6%	-6.3%
Total	639	75	100%	100%	0%

*Unduplicated by person based on the last discharge in the 2019-21 period. Regional attribution based on most recent county of admission.

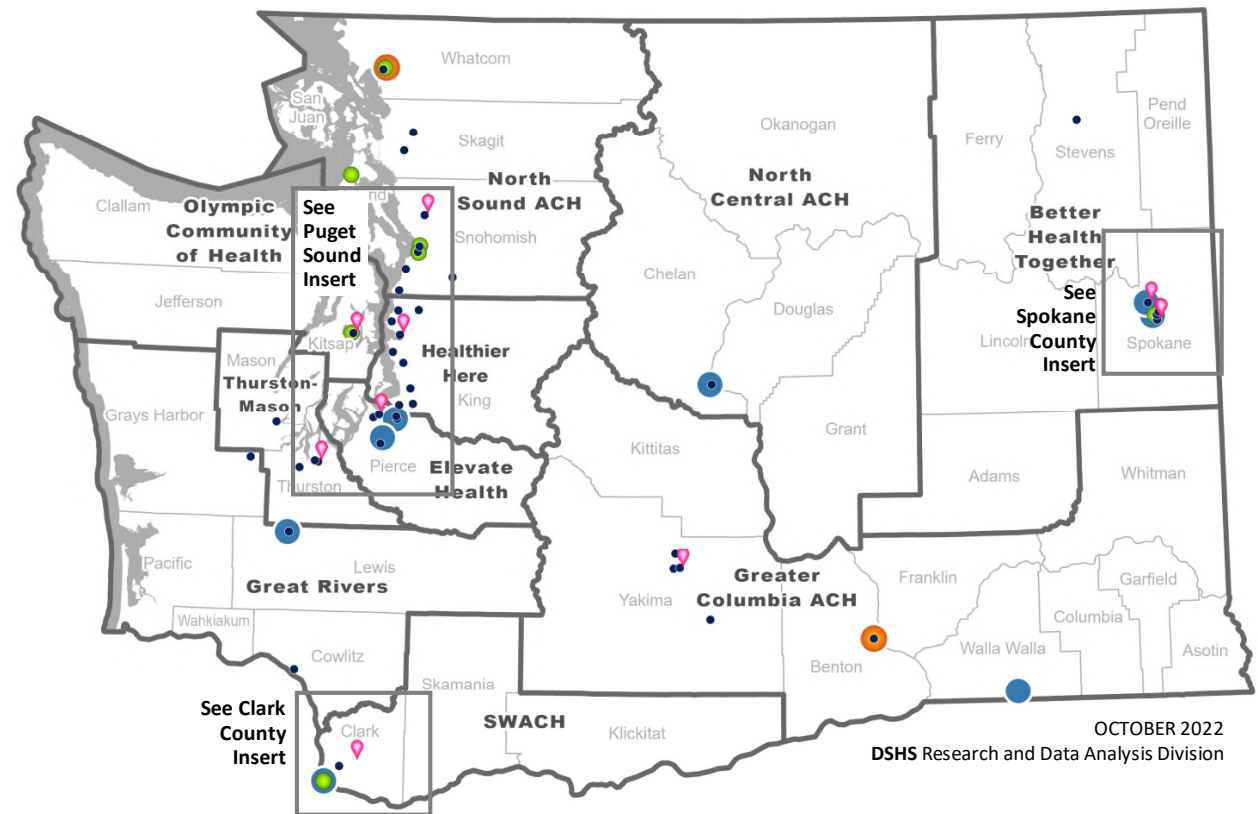
[Table 3](#) describes the use of [PACT](#) services by recent LTCC patients. The distribution of PACT teams by region is displayed in [Figure 4](#). Statewide, 136 PACT clients in December 2021 were recently discharged from an LTCC setting, representing 16% (136 of 836) of the PACT population. Relative to the regional share of the overall LTCC population, the use of the PACT program was greatest in the Spokane and Olympic regions. Relative use was lower in the Greater Columbia, King, and Pierce regions.

Table 3: Regional distribution of recent LTCC patients among December 2021 HCA PACT clients

Region	All clients	Recent LTCC clients	Regional share	Regional share of recent LTCC clients*	Share difference
Spokane	104	40	29.4%	23.1%	6.3%
Pierce	78	9	6.6%	10.8%	-4.2%
Great Rivers	133	9	6.6%	6.0%	0.6%
Greater Columbia	113	10	7.4%	12.3%	-5.0%
King	91	16	11.8%	16.5%	-4.8%
North Central	42	2	1.5%	3.3%	-1.8%
North Sound	139	12	8.8%	9.9%	-1.1%
Olympic	46	18	13.2%	5.4%	7.8%
Southwest	73	10	7.4%	5.1%	2.3%
Thurston-Mason	17	10	7.4%	7.6%	-0.2%
Total	836	136	100.0%	100%	0.0%

*Unduplicated by person based on the last discharge in the 2019-21 period. Regional attribution based on most recent county of admission.

Figure 4: Selected HCA Community Behavioral Health facilities

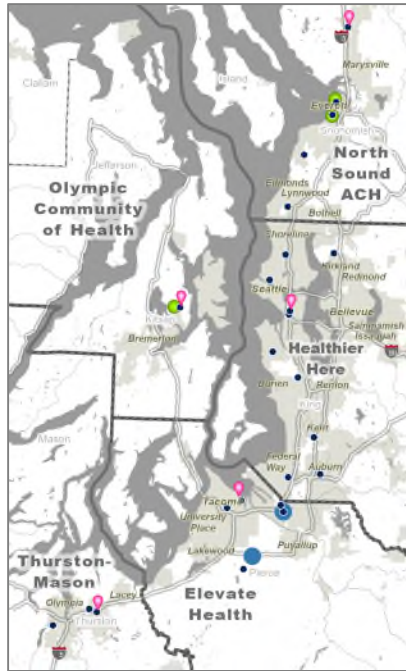


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Facility Type

- In-Patient Evaluation Treatment Child Beds (11 Facilities)
- In-Patient Evaluation Treatment Adult Beds (48 Facilities)
- Crisis Triage Voluntary Beds (7 Facilities)
- Crisis Triage Involuntary Beds (2 Facilities)
- Crisis Stabilization Unit Beds (8 Facilities)
- HCA Medicaid Purchasing Regions

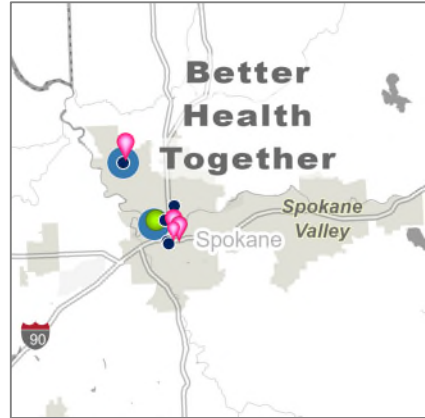
Puget Sound Insert



Clark County Insert



Spokane County Insert



Source: DOH Licensing Data

Note: Elevate Health is the Pierce County region; Healthier Here is the King County region; Better Health Together is the multi-county Spokane region.

[Table 4](#) describes the use of [FCS Supportive Housing services](#) by recent LTCC patients. Statewide, 56 FCS Supportive Housing clients in December 2021 were recently discharged from an LTCC setting, representing 1% (56 of 5,979) of the FCS Supportive Housing population. Relative to the regional share of the overall LTCC population, the use of the FCS Supportive Housing program was greatest in the Spokane region and relatively low in the North Sound and Thurston-Mason regions.

Table 4: Regional distribution of recent LTCC patients among December 2021 FCS Supportive Housing clients

Region	All clients	Recent LTCC clients	Regional share	Regional share of recent LTCC clients*	Share difference
Spokane	1,462	20	35.7%	23.1%	12.6%
Pierce	589	4	7.1%	10.8%	-3.7%
Great Rivers	1,023	5	8.9%	6.0%	2.9%
Greater Columbia	710	8	14.3%	12.3%	2.0%
King	766	9	16.1%	16.5%	-0.4%
North Central	151	0	0.0%	3.3%	-3.3%
North Sound	485	2	3.6%	9.9%	-6.3%
Olympic	247	5	8.9%	5.4%	3.5%
Southwest	254	2	3.6%	5.1%	-1.5%
Thurston-Mason	292	1	1.8%	7.6%	-5.8%
Total	5,979	56	100.0%	100%	0.0%

*Unduplicated by person based on the last discharge in the 2019-21 period. Regional attribution based on most recent county of admission.

In-scope Commerce-funded housing services

[Table 5](#) describes the use of selected Commerce-funded housing services by recent LTCC patients, including [rapid rehousing](#), [transitional housing](#), [permanent housing](#), [permanent supportive housing](#), and [CBRA services](#). These analyses are based on linked HMIS data for clients who have consented to allow their identifying information to be used for analysis. Clients encountering the homeless crisis system are asked to complete a consent form that allows the housing service provider to enter the client's identifying information into HMIS. Clients may refuse to provide this information without penalty and may alter their decision at any time. Overall, the percentage of clients who consent to provide identifying information is roughly 80%, with consent rates declining in recent years. RDA maintains a database containing information on clients who encountered the homeless crisis system for the Department of Commerce and links these data with RDA's Integrated Client Databases. The overall linkage rate for these data – including clients who do not provide consent – is approximately 60%. The remaining 40% of clients who received Commerce-funded housing services but were not linked to DSHS service records are excluded from these analyses.

Table 5: Number of recent LTCC clients among people receiving selected Commerce-funded housing supports in December 2021

Region	Rapid Rehousing		Transitional Housing		Permanent Housing		Permanent Supportive Housing		CBRA	
	All	Recent LTCC	All	Recent LTCC	All	Recent LTCC	All	Recent LTCC	All	Recent LTCC
Spokane	820	2	124	0	323	1	864	6	76	1
Pierce	1,331	0	125	0	447	1	649	3	43	0
Great Rivers	550	0	58	0	40	0	201	0	89	0
Greater Columbia	838	1	95	0	19	0	308	2	3	0
King	2,441	2	845	0	1,617	0	4,176	11	11	0
North Central	295	0	118	0	72	0	70	0	2	0
North Sound	1,109	2	86	0	545	0	1,703	7	82	3
Olympic	340	1	124	0	154	0	190	6	40	3
Southwest	480	1	191	0	49	0	660	3	17	0
Thurston-Mason	548	0	47	0	88	1	102	2	9	0
Total	8,752	9	1,813	0	3,354	3	8,923	40	372	7

The analyses reported in [Table 5](#) indicate the overlap between the populations using these services and the LTCC population is modest.

[Table 6](#) focuses on [permanent supportive housing](#) (the Commerce program serves the largest number of recent LTCC patients). Statewide, in December 2021, 40 permanent supportive housing⁵ clients were identified as recently discharged from an LTCC setting, representing about half of 1% (40 of 8,923) of the permanent supportive housing population. Relative to the regional share of the overall LTCC population, the use of permanent supportive housing was greatest in the King, Olympic, and North Sound regions. Relative use was lower in the Spokane, Greater Columbia, and Great Rivers regions.

Table 6: Regional distribution of recent LTCC patients among people receiving Commerce Permanent Supportive Housing services in December 2021

Region	All clients	Recent LTCC clients	Regional share	Regional share of recent LTCC clients*	Share difference
Spokane	864	6	15.0%	23.1%	-8.1%
Pierce	649	3	7.5%	10.8%	-3.3%
Great Rivers	201	0	0.0%	6.0%	-6.0%
Greater Columbia	308	2	5.0%	12.3%	-7.3%
King	4,176	11	27.5%	16.5%	11.0%
North Central	70	0	0.0%	3.3%	-3.3%
North Sound	1,703	7	17.5%	9.9%	7.6%
Olympic	190	6	15.0%	5.4%	9.6%
Southwest	660	3	7.5%	5.1%	2.4%
Thurston-Mason	102	2	5.0%	7.6%	-2.6%
Total	8,923	40	100.0%	100%	0.0%

*Unduplicated by person based on the last discharge in the 2019-21 period. Regional attribution based on most recent county of admission.

⁵ Administrative data on clients housed through permanent supportive housing programs are incomplete. Clients may be housed through site-based programs funded through the Housing Trust Fund and/or using capital dollars; information on these clients are not captured in state data systems and are not available for analysis in this iteration of the report.

In-scope ALTSA-funded community-based services and supports

[Table 7](#) describes the use of selected ALTSA-funded housing services by recent LTCC patients, including [assisted living](#), [adult residential care](#), [adult family home](#), and [enhanced services facilities](#). The table shows that a relatively large number of recent LTCC patients reside in ALTSA adult residential care (217) and adult family home (370) settings. The table also shows that a very high proportion (40 of 68, or 59%) of the relatively small patient population in ALTSA ESF facilities were recently discharged from an LTCC setting. Several additional ESF facilities are in development, and [Table 8](#) shows the regional distribution of the planned facilities.

Table 7: Number of recent LTCC clients among people receiving ALTSA community residential services in December 2021

Region	Assisted living		Adult residential care		Adult family home		Enhanced service facilities	
	All clients	Recent LTCC clients	All clients	Recent LTCC clients	All clients	Recent LTCC clients	All clients	Recent LTCC clients
Spokane	542	5	780	93	722	28	38	20
Pierce	308	0	655	58	1,352	89	0	0
Great Rivers	322	0	80	0	238	10	0	0
Greater Columbia	570	1	493	31	468	27	2	1
King	638	1	174	14	2,568	83	0	0
North Central	239	0	157	11	133	1	0	0
North Sound	380	0	520	3	1,843	64	8	7
Olympic	170	0	114	0	190	5	0	0
Southwest	407	1	137	4	1,168	32	12	4
Thurston-Mason	158	0	138	3	449	31	8	8
Total	3,734	8	3,248	217	9,131	370	68	40

Table 8: Planned ALTSA Enhanced Services facilities

Facility	City	County	Region	Expected opening*	Beds
Greenacres ESF	Spokane	Spokane	Spokane	Fall 2023	16
Emerald City ESF	Lakewood	Pierce	Pierce	Fall 2022	16
Reliance ESF	Tacoma	Pierce	Pierce	2024	16
Safe Haven ESF	Graham	Pierce	Pierce	2024	16
Sound Health ESF	Auburn	King	King	Fall 2023	16
Heartsaved ESF	Marysville	Snohomish	North Sound	Spring 2023	16
Respect Care ESF	Burlington	Skagit	North Sound	Summer 2023	16
Lake Whatcom ESF	Bellingham	Whatcom	North Sound	Fall 2023	16

*Unduplicated by person based on the last discharge in the 2019-21 period. Regional attribution based on most recent county of admission.

[Table 9](#) describes the use of ALTSA [adult residential care](#) services by recent LTCC patients. Statewide, 217 adult residential care clients in December 2021 were recently discharged from an LTCC setting, representing 7% (217 of 3,248) of the adult residential care population. Relative to the regional share of the overall LTCC population, the use of the adult residential care program was greatest in the Spokane and Pierce regions. Relative use was lower in the King, North Sound, Thurston-Mason, Great Rivers, and Olympic regions.

Table 9: Regional distribution of recent LTCC patients among people receiving ALTSA adult residential care services in December 2021

Region	All clients	Recent LTCC clients	Regional share	Regional share of recent LTCC clients*	Share difference
Spokane	780	93	42.9%	23.1%	19.8%
Pierce	655	58	26.7%	10.8%	15.9%
Great Rivers	80	0	0.0%	6.0%	-6.0%
Greater Columbia	493	31	14.3%	12.3%	2.0%
King	174	14	6.5%	16.5%	-10.1%
North Central	157	11	5.1%	3.3%	1.8%
North Sound	520	3	1.4%	9.9%	-8.5%
Olympic	114	0	0.0%	5.4%	-5.4%
Southwest	137	4	1.8%	5.1%	-3.2%
Thurston-Mason	138	3	1.4%	7.6%	-6.2%
Total	3,248	217	100.0%	100%	0.0%

*Unduplicated by person based on the last discharge in the 2019-21 period. Regional attribution based on most recent county of admission.

[Table 10](#) describes the use of ALTSA [adult family home](#) services by recent LTCC patients. Statewide, 370 adult family home clients in December 2021 were recently discharged from an LTCC setting, representing 4% (370 of 9,131) of the adult family home population. Relative to the regional share of the overall LTCC population, the use of adult family home services was greatest in the Pierce, North Sound, King, and Southwest regions. Relative use was lower in the Spokane, Greater Columbia, Olympic, North Central, and Great Rivers regions.

Table 10: Regional distribution of recent LTCC patients among people receiving ALTSA Adult Family Home services in December 2021

Region	All clients	Recent LTCC clients	Regional share	Regional share of recent LTCC clients*	Share Difference
Spokane	722	28	7.6%	23.1%	-15.5%
Pierce	1,352	89	24.1%	10.8%	13.3%
Great Rivers	238	10	2.7%	6.0%	-3.3%
Greater Columbia	468	27	7.3%	12.3%	-5.0%
King	2,568	83	22.4%	16.5%	5.9%
North Central	133	1	0.3%	3.3%	-3.0%
North Sound	1,843	64	17.3%	9.9%	7.4%
Olympic	190	5	1.4%	5.4%	-4.1%
Southwest	1,168	32	8.6%	5.1%	3.6%
Thurston-Mason	449	31	8.4%	7.6%	0.8%
Total	9,131	370	100%	100%	0.0%

*Unduplicated by person based on the last discharge in the 2019-21 period. Regional attribution based on most recent county of admission.

[Table 11](#) describes the use of AL TSA [GOSH](#) services by recent LTCC patients. Statewide, 215 GOSH clients in December 2021 were recently discharged from an LTCC setting, representing 60% (215 of 359) of the GOSH population. Relative to the regional share of the overall LTCC population, the use of the GOSH program was greatest in the Thurston-Mason, Spokane, and Great Rivers regions. Relative use was lower in the King, Olympic, and Southwest regions.

Table 11: Regional distribution of recent LTCC patients among people receiving AL TSA GOSH services in December 2021

Region	All clients	Recent LTCC clients	Regional share	Regional share of recent LTCC clients*	Share Difference
Spokane	90	61	28.4%	23.1%	5.3%
Pierce	56	27	12.6%	10.8%	1.8%
Great Rivers	42	22	10.2%	6.0%	4.3%
Greater Columbia	34	24	11.2%	12.3%	-1.2%
King	20	10	4.7%	16.5%	-11.9%
North Central	6	4	1.9%	3.3%	-1.4%
North Sound	35	18	8.4%	9.9%	-1.5%
Olympic	1	1	0.5%	5.4%	-4.9%
Southwest	11	4	1.9%	5.1%	-3.2%
Thurston-Mason	64	44	20.5%	7.6%	12.9%
Total	359	215	100.0%	100%	0.0%

*Unduplicated by person based on the last discharge in the 2019-21 period. Regional attribution based on most recent county of admission.

Table 12 describes the use of ALTSA [in-home services](#) by recent LTCC patients. Statewide, 146 ALTSA in-home service clients in December 2021 were recently discharged from an LTCC setting, representing less than 0.5% (146 of 46,023) of the in-home service population. Relative to the regional share of the overall LTCC population, the use of ALTSA in-home services was greatest in the Greater Columbia, Thurston-Mason, and Spokane regions. Relative use was lower in the King, Olympic, and North Sound regions.

Table 12: Regional distribution of recent LTCC patients among people receiving ALTSA in-home services in December 2021

Region	All clients	Recent LTCC clients	Regional share	Regional share of recent LTCC clients*	Share difference
Spokane	4,581	40	27.4%	23.1%	4.3%
Pierce	5,764	19	13.0%	10.8%	2.2%
Great Rivers	2,800	11	7.5%	6.0%	1.6%
Greater Columbia	5,047	25	17.1%	12.3%	4.8%
King	13,033	10	6.8%	16.5%	-9.7%
North Central	1,581	3	2.1%	3.3%	-1.2%
North Sound	5,944	8	5.5%	9.9%	-4.4%
Olympic	1,567	3	2.1%	5.4%	-3.3%
Southwest	3,808	10	6.8%	5.1%	1.8%
Thurston-Mason	1,898	17	11.6%	7.6%	4.1%
Total	46,023	146	100.0%	100%	0.0%

*Unduplicated by person based on the last discharge in the 2019-21 period. Regional attribution based on most recent county of admission.

[Table 13](#) describes the total number of people and recent LTCC patients served in ALTSA LTSS settings who also receive MCO-funded exceptional care supports to remain in their setting. Statewide, 402 MCO-funded clients in December 2021 were recently discharged from an LTCC setting, representing 26% (402 of 1,551) of the MCO-funded population. Relative to the regional share of the overall LTCC population, the use of MCO-funded exceptional care supports was greatest in the Pierce region. Relative use was lower in the Great Rivers, Greater Columbia, Thurston-Mason, North Central, and Olympic regions.

Table 13: Clients in ALTSA LTSS settings who also receive MCO-funded exceptional care wraparound support, December 2021

Region	All clients	Recent LTCC clients	Regional share	Regional share of recent LTCC clients*	Share difference
Better Health Together	281	107	26.6%	23.1%	3.5%
Pierce	391	106	26.4%	10.8%	15.6%
Great Rivers	39	5	1.2%	6.0%	-4.7%
Greater Columbia	99	33	8.2%	12.3%	-4.1%
King	366	70	17.4%	16.5%	0.9%
North Central	5	0	0.0%	3.3%	-3.3%
North Sound	155	30	7.5%	9.9%	-2.4%
Olympic	32	10	2.5%	5.4%	-2.9%
Southwest	126	24	6.0%	5.1%	0.9%
Thurston-Mason	57	17	4.2%	7.6%	-3.4%
Total	1,551	402	100%	100%	N/A

*Unduplicated by person based on the last discharge in the 2019-21 period. Regional attribution based on most recent county of admission.

[Table 14](#) describes the utilization of AL TSA specialty contract beds in state fiscal year 2022. Except for ESF services, we could not link client-level specialty contract bed utilization data with LTCC discharge data in time for this report, so we could not present analyses analogous to the previous tables. We would expect significant overlap with the LTCC population and with people identified as being served in other AL TSA LTSS settings.

Table 14: Monthly utilization of AL TSA specialized contracted supports, SFY 2022

Specialized contracted supports	Average caseload counts SFY 2022	Year-end caseload SFY 2022
Enhanced Services Facility	72	80
Adult Family Home - Specialized Behavior Supports	818	871
Adult Family Home - Expanded Community Services	846	856
Assisted Living Facility - Expanded Community Services	668	671
Specialized Dementia Care Program Plus	34	38
Community Stability Supports	N/A	210

In-scope DDA-funded community-based services and supports

[Table 15](#) describes the use of DDA-funded personal care and residential program services by recent LTCC patients. Statewide, 31 DDA residential program clients in December 2021 were recently discharged from an LTCC setting, representing less than 1% (31 of 4,519) of the DDA residential program population. Nine percent of the December 2021 population of DDA SOLA clients (19 of 212) were recently discharged from an LTCC setting. A relatively high proportion of recent LTCC patients participating in DDA residential or SOLA programs were served in the Pierce region.

Table 15: Number of recent LTCC clients among people receiving selected DDA services in December 2021

Region	DDA residential program		DDA State Operated Living Alternative (SOLA)	
	All Clients	Recent LTCC Clients	All Clients	Recent LTCC Clients
Spokane	609	6	33	2
Pierce	568	11	38	7
Great Rivers	204	2	1	0
Greater Columbia	544	0	28	0
King	1,030	4	55	5
North Central	122	0	0	0
North Sound	694	2	12	3
Olympic	199	0	25	0
Southwest	229	0	0	0
Thurston-Mason	320	6	20	2
Total	4,519	31	212	19

Supplemental facility data and maps

[Table 16](#) summarizes the regional distribution of beds associated with LTSS facilities contracted with ALTSA to provide specialized behavioral supports. Note that counts in this table represent the overall number of beds in the contracted facility and not the number of beds expected to be associated with a specialized contract at any given point in time. [Figure 5](#) maps these specialized contract facility locations. [Table 17](#) summarizes the regional distribution of beds associated with selected out-of-scope community behavioral health facilities for informational purposes. These include inpatient evaluation and treatment facility beds, along with crisis stabilization and triage beds. [Figure 6](#) maps these behavioral health facility locations.

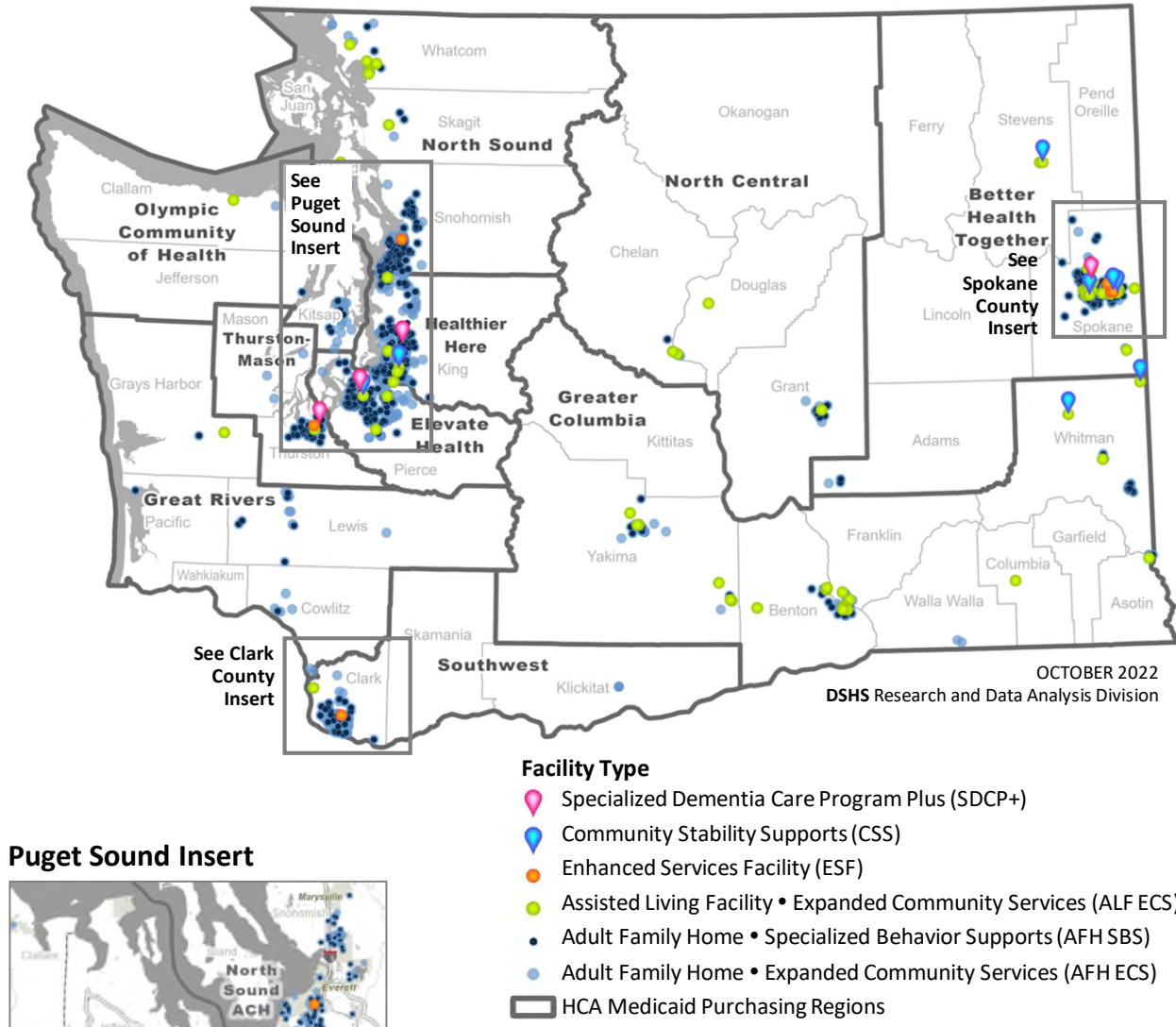
Table 16: Bed counts for LTSS facilities with ALTSA-specialized behavioral supports contracts

Regions (in bold) and counties	Adult Family Home - Expanded Community Services	Adult Family Home - Specialized Behavioral Support	Assisted Living Facility - Expanded Community Services	Community Stability Supports	Enhanced Services Facility	Specialized Dementia Care Program	Totals
Spokane	925	827	1,413	168	56	30	3,419
Adams	24	18	-	-	-	-	42
Ferry	-	-	-	-	-	-	-
Lincoln	-	-	-	-	-	-	-
Pend Oreille	-	-	-	-	-	-	-
Spokane	895	803	1,370	146	56	30	3,300
Stevens	6	6	43	22	-	-	77
Pierce	1,366	798	251	15	-	85	2,515
Pierce	1,366	798	251	15	-	85	2,515
Great Rivers	139	60	26	-	-	-	225
Cowlitz	45	6	-	-	-	-	51
Grays Harbor	6	6	26	-	-	-	38
Lewis	82	42	-	-	-	-	124
Pacific	6	6	-	-	-	-	12
Wahkiakum	-	-	-	-	-	-	-
Greater Columbia	479	313	908	80	-	-	1,780
Asotin	24	24	12	-	-	-	60
Benton	134	88	282	-	-	-	504

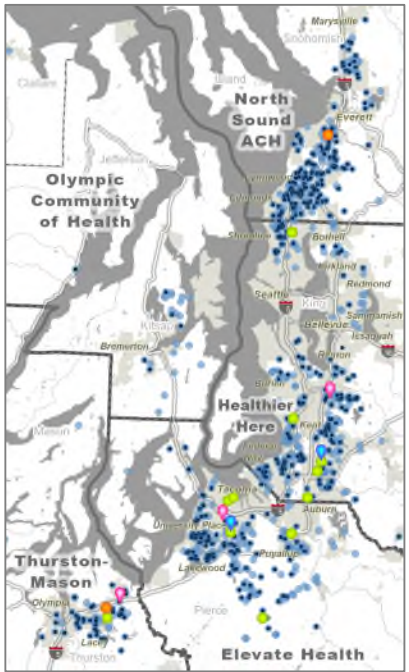
Regions (in bold) and counties	Adult Family Home - Expanded Community Services	Adult Family Home - Specialized Behavioral Support	Assisted Living Facility - Expanded Community Services	Community Stability Supports	Enhanced Services Facility	Specialized Dementia Care Program	Totals
Columbia	-	-	30	-	-	-	30
Franklin	59	48	161	-	-	-	268
Garfield	-	-	-	-	-	-	-
Kittitas	-	-	-	-	-	-	-
Walla Walla	11	-	-	-	-	-	11
Whitman	118	118	115	80	-	-	431
Yakima	133	35	308	-	-	-	476
King	1,971	1,000	192	94	-	60	3,317
King	1,971	1,000	192	94	-	60	3,317
North Central	76	59	212	-	-	-	347
Chelan	6	6	77	-	-	-	89
Douglas	6	6	79	-	-	-	91
Grant	64	47	56	-	-	-	167
Okanogan	-	-	-	-	-	-	-
North Sound	1,676	995	299	-	16	-	2,986
Island	12	-	55	-	-	-	67
San Juan	-	-	-	-	-	-	-
Skagit	18	12	31	-	-	-	61
Snohomish	1,582	953	-	-	16	-	2,551
Whatcom	64	30	213	-	-	-	307
Olympic	142	36	43	-	-	-	221
Clallam	6	-	43	-	-	-	49
Jefferson	6	6	-	-	-	-	12
Kitsap	130	30	-	-	-	-	160
Southwest	624	209	38	-	28	-	899

Regions (in bold) and counties	Adult Family Home - Expanded Community Services	Adult Family Home - Specialized Behavioral Support	Assisted Living Facility - Expanded Community Services	Community Stability Supports	Enhanced Services Facility	Specialized Dementia Care Program	Totals
Clark	601	209	38	-	28	-	876
Klickitat	23	-	-	-	-	-	23
Skamania	-	-	-	-	-	-	-
Thurston-Mason	379	271	64	-	15	57	786
Mason	15	-	-	-	-	-	15
Thurston	364	271	64	-	15	57	771

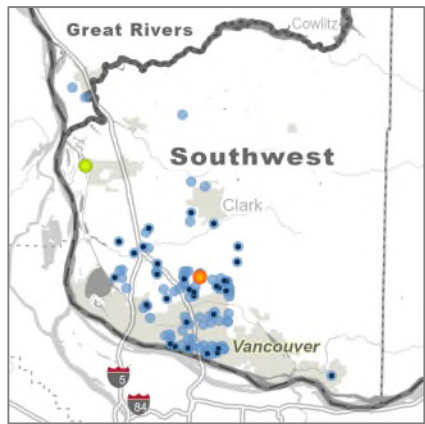
Figure 5: LTSS facilities with ALTSA-specialized behavioral supports contracts



Puget Sound Insert



Clark County Insert



Spokane County Insert



Source: DOH Licensing Data

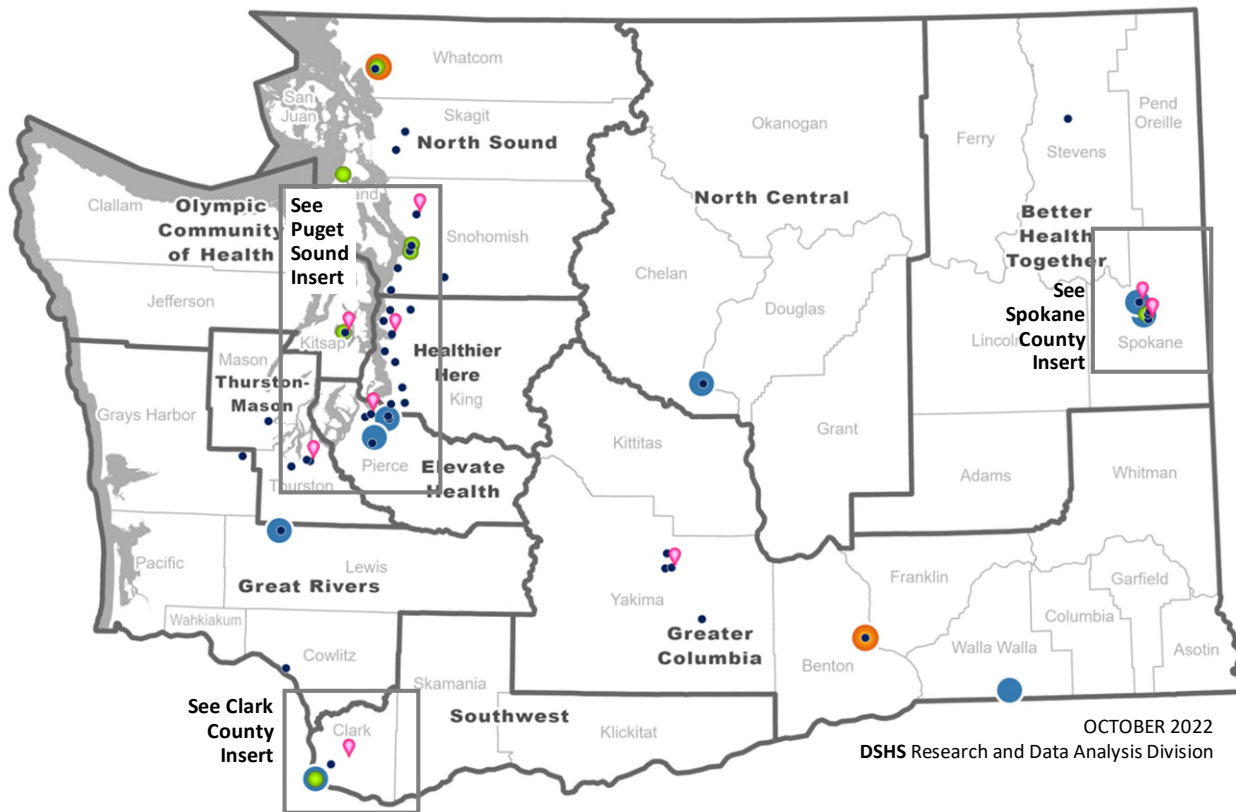
Note: Elevate Health is the Pierce County region; Healthier Here is the King County region; Better Health Together is the multi-county Spokane region.

Table 17: Beds at selected HCA community behavioral health facilities







Regions (in bold) and counties	Crisis stabilization unit	Inpatient adult evaluation and treatment	Inpatient child evaluation and treatment	Crisis triage voluntary	Crisis triage involuntary	Totals
Spokane	18	149	69	16	-	252
Adams	-	-	-	-	-	-
Ferry	-	-	-	-	-	-
Lincoln	-	-	-	-	-	-
Pend Oreille	-	-	-	-	-	-
Spokane	18	133	69	16	-	236
Stevens	-	16	-	-	-	16
Pierce	32	134	27	-	-	193
Pierce	32	134	27	-	-	193
Great Rivers	6	54	-	-	-	60
Cowlitz	-	22	-	-	-	22
Grays Harbor	-	16	-	-	-	16
Lewis	6	16	-	-	-	22
Pacific	-	-	-	-	-	-
Wahkiakum	-	-	-	-	-	-
Greater Columbia	8	97	10	-	16	131
Asotin	-	-	-	-	-	-
Benton	-	32	-	-	16	48
Columbia	-	-	-	-	-	-
Franklin	-	-	-	-	-	-
Garfield	-	-	-	-	-	-
Kittitas	-	-	-	-	-	-
Walla Walla	8	-	-	-	-	8
Whitman	-	-	-	-	-	-
Yakima	-	65	10	-	-	75

Regions (in bold) and counties	Crisis stabilization unit	Inpatient adult evaluation and treatment	Inpatient child evaluation and treatment	Crisis triage voluntary	Crisis triage involuntary	Totals
King	-	525	18	-	-	543
King	-	525	18	-	-	543
North Central	20	15	-	-	-	35
Chelan	20	15	-	-	-	35
Douglas	-	-	-	-	-	-
Grant	-	-	-	-	-	-
Okanogan	-	-	-	-	-	-
North Sound	-	235	15	45	8	303
Island	-	-	-	5	-	5
San Juan	-	-	-	-	-	-
Skagit	-	31	-	-	-	31
Snohomish	-	184	15	32	-	231
Whatcom	-	20	-	8	8	36
Olympic	-	15	10	16	-	41
Clallam	-	-	-	-	-	-
Jefferson	-	-	-	-	-	-
Kitsap	-	15	10	16	-	41
Southwest	20	62	12	8	-	102
Clark	20	62	12	8	-	102
Klickitat	-	-	-	-	-	-
Skamania	-	-	-	-	-	-
Thurston-Mason	-	152	10	-	-	162
Mason	-	32	-	-	-	32
Thurston	-	120	10	-	-	130

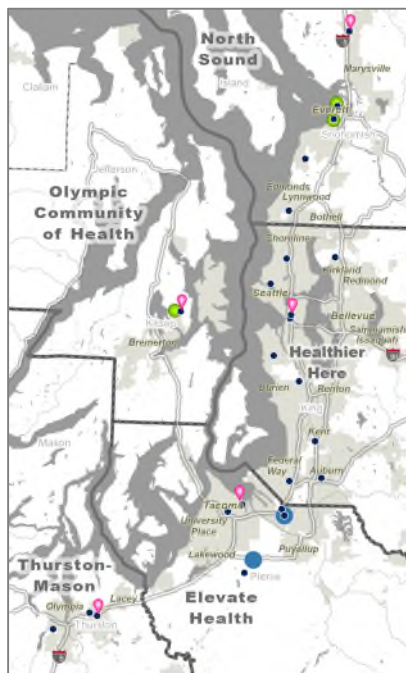
Figure 6: Selected HCA Community Behavioral Health facilities



Facility Type

-  In-Patient Evaluation Treatment Child Beds (11 Facilities)
-  In-Patient Evaluation Treatment Adult Beds (48 Facilities)
-  Crisis Triage Voluntary Beds (7 Facilities)
-  Crisis Triage Involuntary Beds (2 Facilities)
-  Crisis Stabilization Unit Beds (8 Facilities)
-  HCA Medicaid Purchasing Regions

Puget Sound Insert



Clark County Insert



Spokane County Insert



Source: DOH Licensing Data

Note: Elevate Health is the Pierce County region; Healthier Here is the King County region; Better Health Together is the multi-county Spokane region.

Summary and next steps

A relatively large proportion of people recently discharged from long-term civil commitments were served in ALTSA-funded settings. Adult family home (370 clients), adult residential care (217 clients), and GOSH (215 clients) settings served the largest number of people recently discharged from a long-term civil commitment, often in combination with Medicaid MCO-funded exceptional care payments (402 clients). We note that ALTSA services include only personal care and, in some cases, behavior supports and nursing services. ALTSA does not provide behavioral health treatment, and people transitioning from a long-term civil commitment to ALTSA services generally require community behavioral health supports in their ALTSA service setting.

ALTSA ESF and GOSH programs are highly focused on serving people recently discharged from long-term civil commitments. Recently discharged LTCC patients represented approximately 60% of both the ALTSA ESF and GOSH populations in December 2021 – a far higher proportion than observed for any other in-scope housing-related services and supports.

The PACT program (136 clients), mental health residential services (75 clients), and FCS supportive housing services (56 clients) funded through the Health Care Authority provided a significant level of support to people recently discharged from long-term civil commitments. In the future, planned Intensive Behavioral Health Treatment Facilities are expected to serve a significant number of people previously discharged from long-term civil commitment settings.

Relatively few people recently discharged from long-term civil commitments are served by Commerce-funded housing programs. The largest overlap was found in the Permanent Supportive Housing program (40 clients). Few recently discharged long-term civil commitment patients used other in-scope Commerce-funded services.

Assessing overall regional differences in service availability

We developed an index for assessing regional differences in the availability of the services and supports used most extensively to serve people previously in a long-term civil commitment. The index is based on the availability of:

- HCA-funded mental health residential treatment services
- HCA-funded PACT services
- ALTSA-funded adult residential care and adult family home services (typically associated with MCO exceptional care payments and/or specialized contract services)
- ALTSA-funded ESF services
- ALTSA-funded GOSH services

These services were selected because they are associated with the largest volume of recently discharged LTCC patients or are targeted to serve that population in the case of ALTSA-funded ESF services. The index is based on observed utilization as of December 2021.

The index reflects the ratio of a region's share of recent long-term civil commitment patients served in the relevant settings relative to the region's share of the overall population of people discharged from a long-term civil commitment. A value of 100% indicates that a region's share of services and supports shows parity with its share of the long-term civil commitment population. It is important to note that the index identifies regions where services are more or less available relative to other regions. The index does not reflect the level of service availability relative to need.

Figure 7 shows how this service availability index varies by region. Table 18 summarizes the data underlying the index values. The index shows:

- North Central, Olympic, and Great Rivers regions have relatively low service availability.
- King and Greater Columbia have relatively low service availability among the larger regions.
- Spokane, North Sound, Southwest, and Thurston-Mason regions show relative parity or slightly favorable relative service availability.
- Services supporting people discharging from LTCC settings are more widely available in the Pierce region.

Figure 7: Regional share of selected services and supports relative to the regional share of the LTCC population

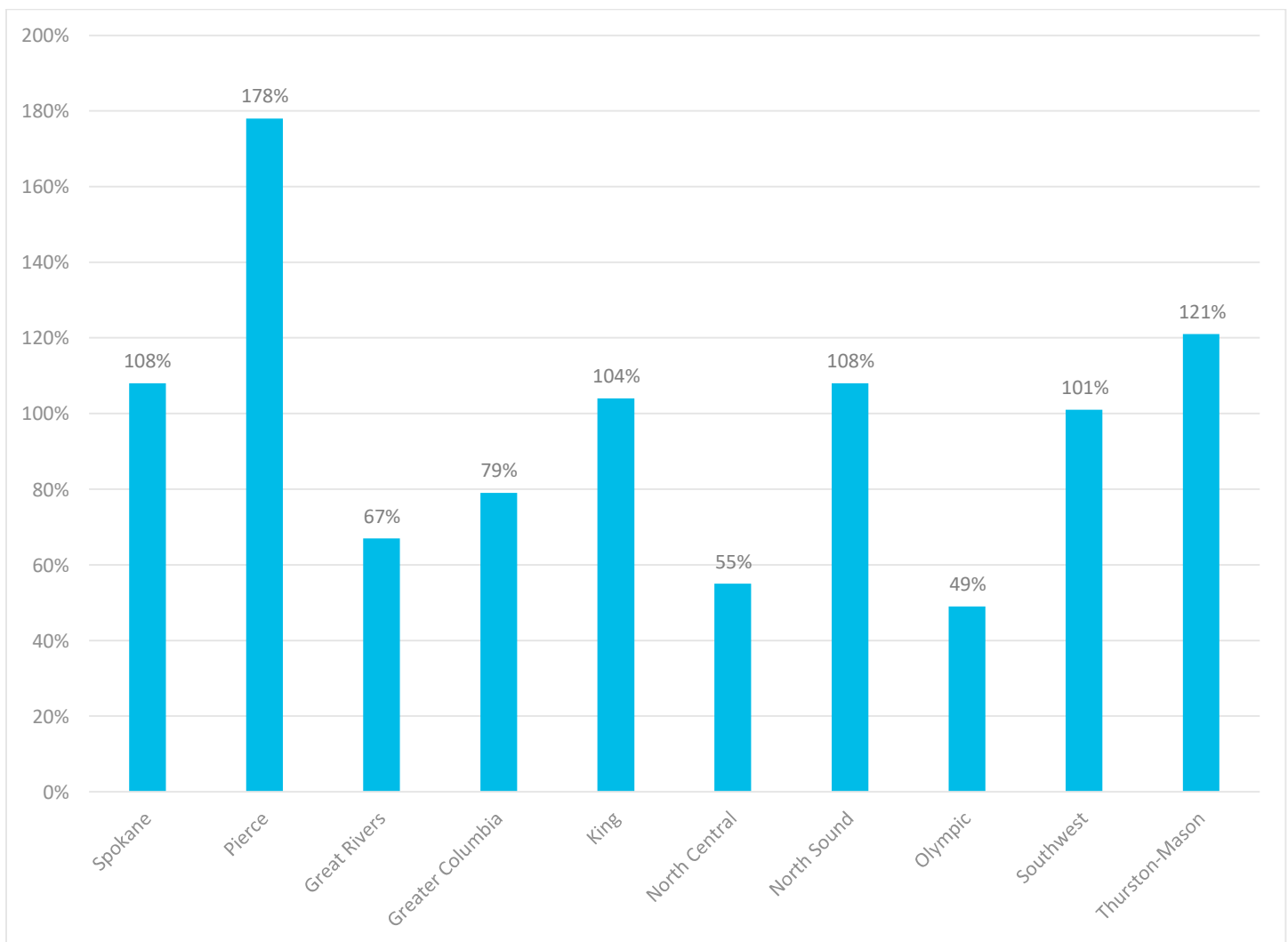


Table 18: Regional distribution of LTCC clients in selected service settings, relative to regional LTCC population share, as of December 2021**

Region	Recent LTCC patients	Projected regional share	Regional share*	Ratio
Spokane	253	24.0%	23.1%	104%
Pierce	203	19.3%	10.8%	178%
Great Rivers	42	4.0%	6.0%	67%
Greater Columbia	103	9.8%	12.3%	79%
King	141	13.4%	16.5%	81%
North Central	19	1.8%	3.3%	55%
North Sound	113	10.7%	9.9%	108%
Olympic	28	2.7%	5.4%	49%
Southwest	54	5.1%	5.1%	101%
Thurston-Mason	97	9.2%	7.6%	121%
Total	1,053	100%	100%	N/A

*Regional share of unduplicated people discharged from a long-term civil commitment in CY 2019, 2020, or 2021

**Selected settings include HCA-funded mental health residential treatment services, HCA-funded PACT services, AL TSA-funded adult residential care and adult family home services (typically associated with MCO exceptional care payments and/or specialized contract services), AL TSA-funded ESF services; and AL TSA-funded GOSH services.

Next steps

A second phase of work, scheduled to be completed by June 2023, will examine the use of other HCA housing programs if program participation data are available for linkage to LTCC patient data. We will also explore linking AL TSA specialized contract utilization data, where feasible, to LTCC patient data to examine the intersection of the two populations in greater detail. Finally, we will look at the overlapping use of the various in-scope housing and related supportive services to provide a more comprehensive picture of service utilization patterns.

Appendix A: Glossary

Term	Definition
ALTSA	DSHS Aging and Long-Term Support Administration
AMI	Area Median Income
CBRA	Community Behavioral Health Rental Assistance provided through the Department of Commerce
CSS	Community Stability Supports services funded through DSHS ALTSA
DDA	DSHS Development Disabilities Administration
DOH	Washington State Department of Health
DSHS	Washington State Department of Social and Health Services
EARC	Enhanced adult residential care funded through DSHS ALTSA
ECS	Expanded Community Services funded through DSHS ALTSA
ESF	Enhanced services facilities funded through DSHS ALTSA
ESH	Eastern State Hospital, administered by the DSHS Behavioral Health Administration
FCS	Foundational Community Supports services funded through HCA
GOSH	Governor's Opportunity for Supportive Housing funded through DSHS ALTSA
HARPS	Housing and Recovery through Peer Services program funded through HCA
HCA	Washington State Health Care Authority
HMIS	Homeless Management Information System managed by the Department of Commerce
HUD	United States Department of Housing and Urban Development

Term	Definition
LTCC	Long-term civil commitment under the Involuntary Treatment Act in a State Hospital or community setting
LTSS	Long-term services and supports provided through DSHS ALTSA or DDA programs
MCO	Medicaid managed care organization responsible for providing community behavioral health services for enrolled beneficiaries
MTP	Medicaid Transformation Project - 1115 Waiver Supporting the FCS program and several other initiatives
PACT	Program of Assertive Community Treatment services funded through HCA
PATH	Projects for Assistance in Transition from Homelessness program funded through HCA
PSH	Permanent supportive housing services provided through the Department of Commerce
RDA	The DSHS Research and Data Analysis Division
SBS	Specialized Behavior Support services funded through DSHS ALTSA
SDCP	Specialized Dementia Care Program funded through DSHS ALTSA
SOLA	State-operated living alternatives residential program administered by DSHS DDA
WSH	Western State Hospital, administered by the DSHS Behavioral Health Administration

Appendix B: Descriptions of in-scope housing and related supportive services

In-scope HCA programs

Mental health residential treatment services

These services are a specialized form of non-hospital rehabilitation service that provides a sub-acute psychiatric management environment for people who cannot be safely served in a less restrictive environment but do not meet hospital admission criteria. The provider is sited at the residential location (e.g., boarding homes, supported housing, or cluster housing) for extended hours to provide direct mental health care services. Therapeutic interventions in individual and group formats may include medication management and monitoring, stabilization, and cognitive and behavioral interventions designed to stabilize and help the individual return to more independent and less restrictive treatment.

Behavioral health intensive treatment facilities

These facilities provide ongoing care to individuals who no longer benefit from treatment in an LTCC setting but need further treatment and support to fully integrate back into their community. These facilities have beds for up to 16 people to receive active rehabilitative treatment. Clinical staff provide recovery-based treatment using evidence-based practices, independent living skills training, social skills, and community integration. These facilities are staffed 24/7 with a clinical team. The first of these facilities began operating in the fall of 2022. Utilization data associated with these facilities are not yet available for analysis. The location and scheduled opening of planned behavioral health intensive treatment facilities are described in [Table 19](#).

Table 19: Planned HCA intensive behavioral health treatment facilities

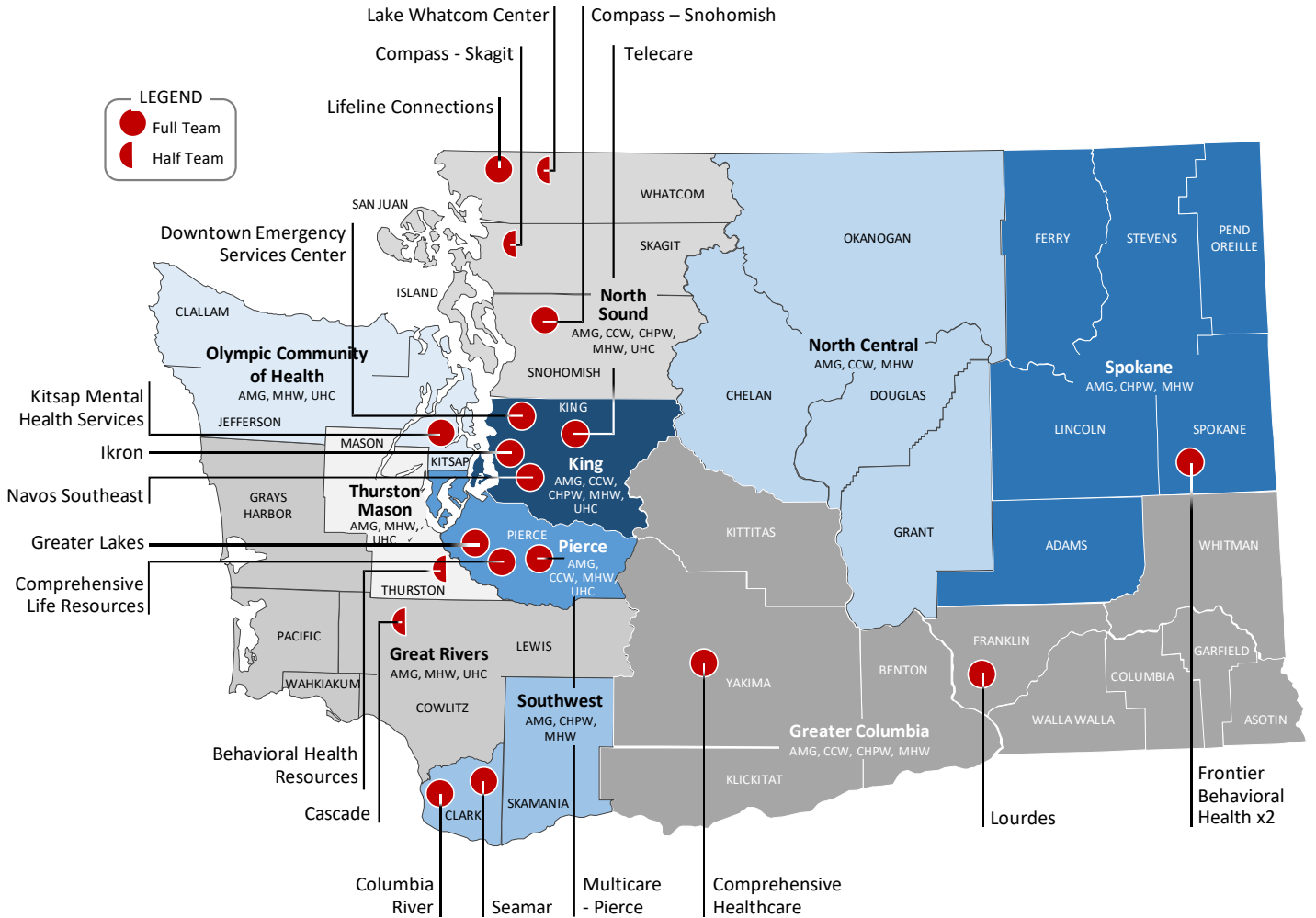
Project title	Beds	Project type	Planned opening date*	County	Region
Tricity IBHTF	16	New construction	12/31/2023	Benton	Greater Columbia
Aristo IBHF	16	Acquisition/renovation	8/1/2023	King	King
Oakridge House Intensive Behavioral Health Facility	16	Renovation	3/2/2023	Kitsap	Olympic
Tacoma IBHTS	16	Renovation	2/1/2023	Pierce	Pierce
Relief Health Intensive Behavioral Treatment	16	New construction	12/31/2023	Spokane	Spokane
Cascade Intensive Behavioral Health	16	New construction	4/1/2023	Stevens	Spokane
Supreme Living - Olympia #2	15	New construction	12/15/2022	Thurston	Thurston-Mason

* Planned opening dates are subject to change.

PACT

The Program for Assertive Community Treatment (PACT) is a person-centered, recovery-oriented mental health service delivery model that has received substantial empirical support for reducing psychiatric hospitalizations, facilitating community living, and enhancing recovery for people with serious mental illnesses. PACT is designed for people with the most severe and persistent mental illnesses, severe symptoms and impairments, and not benefiting from traditional outpatient programs. PACT services are provided through a multidisciplinary team, including mental health professionals, registered nurses, peer supports, and a psychiatric care provider. Full teams serve up to 100 people, and half teams serve up to 50. The distribution of PACT teams by region is displayed in [Figure 8](#).

Figure 8: HCA PACT teams



Source: DOH Licensing Data

FCS supportive housing

FCS services are one component of the Health Care Authority's broader [1115 Medicaid Transformation Project](#) (MTP), implemented in 2017. The FCS is operated in partnership with ALISA and DDA, and a proportion of FCS supportive housing clients also receive long-term services and supports through DSHS programs. Under the MTP's 1115 Medicaid Waiver, Medicaid beneficiaries with behavioral needs and/or who require assistance with three or more activities of daily living⁶ are potentially eligible for a range of additional person-centered supported employment and supportive housing services not currently available through Washington's Medicaid State Plan. These services promote self-sufficiency and community integration by helping beneficiaries obtain and maintain housing and employment. Analyses in this report focus on the supportive housing component of the FCS program. Supportive housing services include pre-tenancy supports that focus on locating housing for a client based on their preferences, needs, and financial situation. Tenancy-sustaining services help connect clients to additional resources and promote community reintegration and independent living.

We note that detailed client-level data for other HCA housing programs were not available to be analyzed in this report. We anticipate producing a supplemental report in June 2023 that may include additional information related to these programs. These programs include the Housing and Recovery through Peer Services (HARPS) program, which provides supportive housing services and short-term housing bridge subsidies to at-risk individuals who are exiting or at risk of entering inpatient behavioral health settings. Another example is the Projects for Assistance in Transition from Homelessness (PATH) program, which assists individuals in accessing housing, mental health services, substance abuse treatment, disability benefits, and other services to stabilize and facilitate recovery.

In-scope Commerce programs providing permanent and transitional housing assistance

Washington's homeless crisis response system comprises a network of local, county, and state organizations that provide services to individuals or households experiencing housing instability within a given county or region. Service providers in a community are typically funded using a combination of state, federal, and private money. Local homeless crisis response systems may offer a range of preventative and crisis services, including, but not limited to, homelessness prevention, eviction rental assistance, emergency shelters, street outreach services, permanent housing, and non-housing services. The specific types of services offered may vary across providers based on the needs of the communities they serve, the requirements of external funders, and existing federal and state statutes.

The Department of Commerce oversees and supports this work in several ways. Commerce provides technical assistance to all state- and federally-funded housing service providers in Washington, manages the state's Homeless Management Information System (HMIS) for 34 counties, and disburses state and federal funds to grantees who may subcontract with other entities to provide services. Programs funded using state monies are subject to additional reporting and performance requirements and are responsible for addressing disparities in access to services by underserved populations (e.g., Black, Indigenous, People of Color, people with disabilities, people who are LGBTQ+, etc.). Additionally, services paid for using state funds may be subject to specific eligibility criteria.

⁶ Examples of activities of daily living include bathing, dressing, grooming, meal preparation, and household chores.

While Washington State's homeless crisis response network includes various services, this report focuses on services intended to provide long-term housing resources, community reintegration, and client independence. Consequently, short-term housing services designed to meet the immediate housing needs of clients in crisis—such as emergency shelters and related services—are out of scope for these analyses. Similarly, outreach, non-housing services, and homelessness prevention/eviction rental assistance programs are not included in this study because they are designed to address client needs beyond housing or to retain already housed clients in the community.

Commerce housing programs examined in this report include the following.

Transitional housing

This program provides subsidized, temporary housing to individuals and households experiencing homelessness. Transitional housing programs typically provide housing for up to two years and are designed to help clients move into permanent housing.

Rapid rehousing

This program supports rental assistance projects intended to quickly move individuals and households experiencing homelessness into permanent housing. Clients enrolled in these projects may receive short- and medium-term rental assistance and housing identification, relocation, and stabilization services to help the family quickly move into—and achieve stability in—permanent housing.

Permanent supportive housing (PSH)

PSH provides subsidized, time-unlimited housing and optional support services to homeless individuals or households with at least one member with a long-term/indefinite disabling condition that impedes their ability to live independently. Qualifying conditions include:

1. Mental health or substance use disorders
2. Post-traumatic stress disorder
3. Physical, developmental, or emotional impairment
4. Traumatic brain injuries
5. Human Immunodeficiency Virus or acquired immunodeficiency syndrome (HIV/AIDS)

PSH providers must verify and document⁷ the disabling condition before program entry. Dependent on the funding source, individuals may or may not be required to meet the Department of Housing and Urban Development's (HUD) chronically homeless definition to receive services.⁸ PSH may be provided either in rental assistance for independent units (scattered site housing) or through facility-based/master lease models.

⁷ Acceptable documentation includes written verification from a licensed professional, Social Security Administration, Social Security Disability Insurance, Veteran Disability Compensation check receipts, and/or other documentation approved by Commerce.

⁸ PSH programs funded through Washington's CHG do not require individuals to meet the definition of chronic homelessness to qualify for PSH. However, Permanent Supportive Housing for Chronically Homeless Families (PSH CHF) do require that enrollees have some form of disabling condition and be homeless continuously for at least 12 months or on at least four separate occasions in the past three years for a total of at least 12 months. Stays in institutional settings that are less than 90 days in length are not considered a break in a client's homelessness span if they were homeless before entering the facility.

Permanent housing

This program provides permanent housing to individuals and households experiencing homelessness and provides time-unlimited rental assistance as long as participants meet the basic tenancy obligations. Clients enrolled in a permanent housing project may be eligible for supportive housing services in addition to rental assistance or housing vouchers. In contrast to permanent supportive housing, however, these projects do not limit eligibility to individuals with disabilities or households with at least one household member with a disabling condition.

For all four programs, a household's annualized gross income⁹ must be less than or equal to 80% of the Area Median Income (AMI) as defined by HUD to qualify for services. This income assessment may occur at either the time of program enrollment (for PSH and permanent housing programs) or recertification (for transitional housing and rapid rehousing programs).

We also provide information on the Community Behavioral Health Rental Assistance (CBRA) program, a cross-agency collaboration between Commerce, HCA, and ALTSA. CBRA provides long-term rental subsidies to high-risk individuals with complex behavioral health needs. Priority populations include individuals who are discharging, need to discharge, or have been discharged from a state psychiatric hospital or community psychiatric setting within the past twelve months. Lead grantees are responsible for facilitating relationships between sub-grantees and discharge planners at state and community-based psychiatric hospitals to help clients connect to housing upon exit from the facility. A household is eligible for CBRA if: 1) their household income is at or below 50% AMI; they have a documented behavioral health condition; 3) they are eligible for voluntary, person-centered pre-tenancy supports and/or tenancy sustaining services through ALTSA and/or the FCS or HARPS programs; and 4) they have a documented need for a long-term housing subsidy that cannot be met using some other suitable¹⁰ resource.

In-scope DSHS ALTSA programs

Adult family homes

Adult family homes are small group-care residential settings licensed to care for two to eight unrelated adults who do not need 24-hour skilled nursing supervision. Some offer specialized care for individuals with mental health disorders, developmental disabilities, or dementia. Adult Family Homes have on-site staff qualified to meet the care needs of their residents and assume responsibility for their safety and well-being. Room, board, laundry, supervision, and assistance with activities of daily living are provided based on an individual's specific needs. Resident independence and involvement are encouraged by providing a range of daily activities and services tailored to resident preferences.

Assisted living facilities

Assisted living facilities are community-based facilities licensed by the state that house seven or more individuals. Assisted living facilities provide private apartments to residents and emphasize independence and personal choice. Individuals must be provided intermittent nursing services and assistance with medication administration and personal care. Room, board, laundry, supervision, and assistance with activities of daily

⁹ This includes the combined income of all adult household members and the unearned income attributable to minors.

¹⁰ "Suitable" resources promote housing choice, do not cause undue hardship for the participant and meets the individual's housing needs.

living are provided based on an individual's specific needs. Resident independence and involvement are encouraged by providing a range of daily activities and services tailored to resident preferences.

Adult residential care

Adult residential care facilities are licensed as Assisted Living Facilities and provide medication assistance and personal care for residents who may need limited supervision for their own safety. Enhanced Adult Residential Care (EARC) facilities may specialize in dementia care, including medication administration and/or personal care. No more than two residents share a room in an EARC facility, and intermittent nursing care may be provided.

Enhanced service facilities

Enhanced service facilities are licensed residential facilities that provide a community option for individuals with complex care needs and behavioral challenges that do not require an institutional setting. ESFs have high staffing ratios and provide residents with more intensive behavior supports, personal care, and nursing services than are typically found in other licensed long-term care settings. Individuals may be referred to an ESF if they are exiting a state or community psychiatric hospital or do not have other community options due to their complex physical and behavioral support needs.

In-home services

In-home services include chore and personal care services delivered in the client's home and ancillary services essential to living at home. Services may be provided through a contracted agency or individual providers. Services assist low-income, disabled, or frail adults with the activities of daily living. Personal care includes Medicaid State Plan and waiver services. Ancillary services may include adult day care, client training, community transition, environmental modification (necessary physical adaptations to the client's home), home health aides, home-delivered meals, personal emergency response system equipment installation and monitoring, special medical equipment, skilled nursing, in-home nurse delegation and transportation.

GOSH

GOSH provides housing search, intensive supportive housing services, coordination of care, and housing subsidies to ALTSA clients discharged or diverted from ESH and WSH. Individuals are eligible for GOSH if they are discharging or diverting from a state hospital and want to live independently, are willing to work with a supportive housing provider, and are eligible for ALTSA services. The GOSH program adheres to client choice and independence principles, person-centered planning and services, harm reduction, and voluntary participation in services. GOSH also emphasizes the importance of social and community integration, service continuity through housing loss or institutional stays, assertive engagement with program participants, using a trauma-informed approach and motivational interviewing, with ongoing and frequent home visits while an individual is enrolled in the program.

ALTSA specialized behavior support contracts

Specialized Dementia Care Program Plus

The Specialized Dementia Care Program Plus program provides an elevated combination of both medical and behavioral support services to people in a contracted Specialized Dementia Care Program (SDCP) setting. The services in this contract are for individuals diagnosed with declining dementia or major neurocognitive disorder who present with complex medical needs and significant behaviors requiring frequent interventions and support to maintain stability. These services provide personal care, behavior support planning, medication

management, and enhanced nursing services with a dedicated RN/LPN on-site 40 hours per week and 24/7 on-call nursing coverage.

Specialized Behavior Support (SBS)

SBS services are specific care and support services provided to an Adult Family Home resident who DSHS has identified as requiring personal care and behavioral intervention. SBS services include developing and implementing negotiated care plans, supports and programming designed to support community living and crisis prevention.

Expanded Community Services (ECS)

ECS support people with exceptional behavioral support needs residing in adult family homes and assisted living facilities. ECS may provide direct support and training to the individual and residential staff. Behavioral management strategies include training and consultative support services for individuals relocating or being diverted from state or local psychiatric hospitals or who are otherwise at risk for loss of community living options due to challenging behaviors. Services include behavioral support plan evaluations, medication management and oversight and peer support services.

Community Stability Supports (CSS)

CSS services provide clients residing in an EARC setting with personal care, medication oversight, and specialized staffing, including on-site nursing 40 hours per week and 24/7 on-call nursing coverage. CSS provides additional caregiver staffing and a behavior support clinician on-site 40 hours per week. A client-specific behavior support plan is developed and implemented by staff. Mental health treatment services are provided through the client's Medicaid-managed care plan and delivered by a community behavioral health agency provider.

Finally, we note that HCA-contracted MCOs may fund **exceptional care supports** for people whose primary need for additional care is related to a behavioral health diagnosis to help transition individuals from inpatient settings and maintain people with behavioral health needs in home and community-based LTSS settings.

In-scope DSHS DDA programs

Residential programs

Residential programs serve clients with intellectual or developmental disabilities who require assistance with activities of daily living. Services may receive facility- or non-facility-based. Clients receiving facility-based services live in contracted Intermediate Care Facilities, group homes, or adult family home settings where on-site staff provide support and training. Clients receiving non-facility-based services live in their own homes, with contracted agencies providing the needed supports.

SOLA

SOLA programs provide supported living services that offer instruction and support to people who live in their own homes in the community. Supports may vary from a few hours per month to 24 hours per day of one-to-one support. SOLA programs are operated by DDA and staffed by state employees.