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Psychiatry and Addictions Case Conference

UW Medicine | Psychiatry and Behavioral Sciences

SUCCESSES AND CHALLENGES FOR A NEW PSYCHIATRIC UNIT: LTCC TURNS ONE YEAR OLD

JAY AUGSBURGER, MD

UWMC-NW

UW Medicine
UW SCHOOL OF MEDICINE

Integrated Care Training Program
UW Psychiatry & Behavioral Sciences

project ECHO

SPEAKER DISCLOSURES

✓ No conflicts of interest

PLANNER DISCLOSURES

The following series planners have no relevant conflicts of interest to disclose; other disclosures have been mitigated.

Mark Duncan MD
Rick Ries MD
Kari Stephens PhD
Barb McCann PhD
Anna Ratzliff MD PhD
Betsy Payn MA PMP
Esther Solano
Cara Towle MSN RN

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OBJECTIVES

1. To identify the patient population of long-term civil commitment units
2. To learn about barriers to discharge from long-term civil commitment units
3. To discuss treatment strategies for patients with chronic psychotic disorders

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WHAT IS LTCC?

- The Center for Behavioral Health and Learning Long-Term Civil Commitment Unit(s) opened in July 2024
- LTCC beds are for patients on 90- and 180-day civil commitments.

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CENTER FOR BEHAVIORAL HEALTH AND LEARNING

- **The Washington State Legislature has partnered with UW Medicine to:**
  - Increase access to behavioral health care in the state
  - Provide behavioral health training & workforce development

- **WA State allocated $244 million for a 150-bed facility on the UWMC-NW campus**
  - 25 inpatient beds for geriatric patients needing psychiatric care (moved from pre-existing geropsych unit in June 2024)
  - 50 inpatient medical/surgical beds (where UW proactively co-locates patients who have behavioral health comorbidities)
  - 75* inpatient beds (eventually, hopefully) for patients on 90–180 day civil commitments started opening in stages, beginning July 2024 (with some hitches related to defense attorney coverage)
    - Currently operating 30 “general adult” and 11 “geropsych” LTCC beds
  - Garvey Institute Center for Neuromodulation, allowing for other treatment options such as electroconvulsive therapy (ECT) and transcranial magnetic stimulation (TMS)

* Not currently actually staffed to 75 beds

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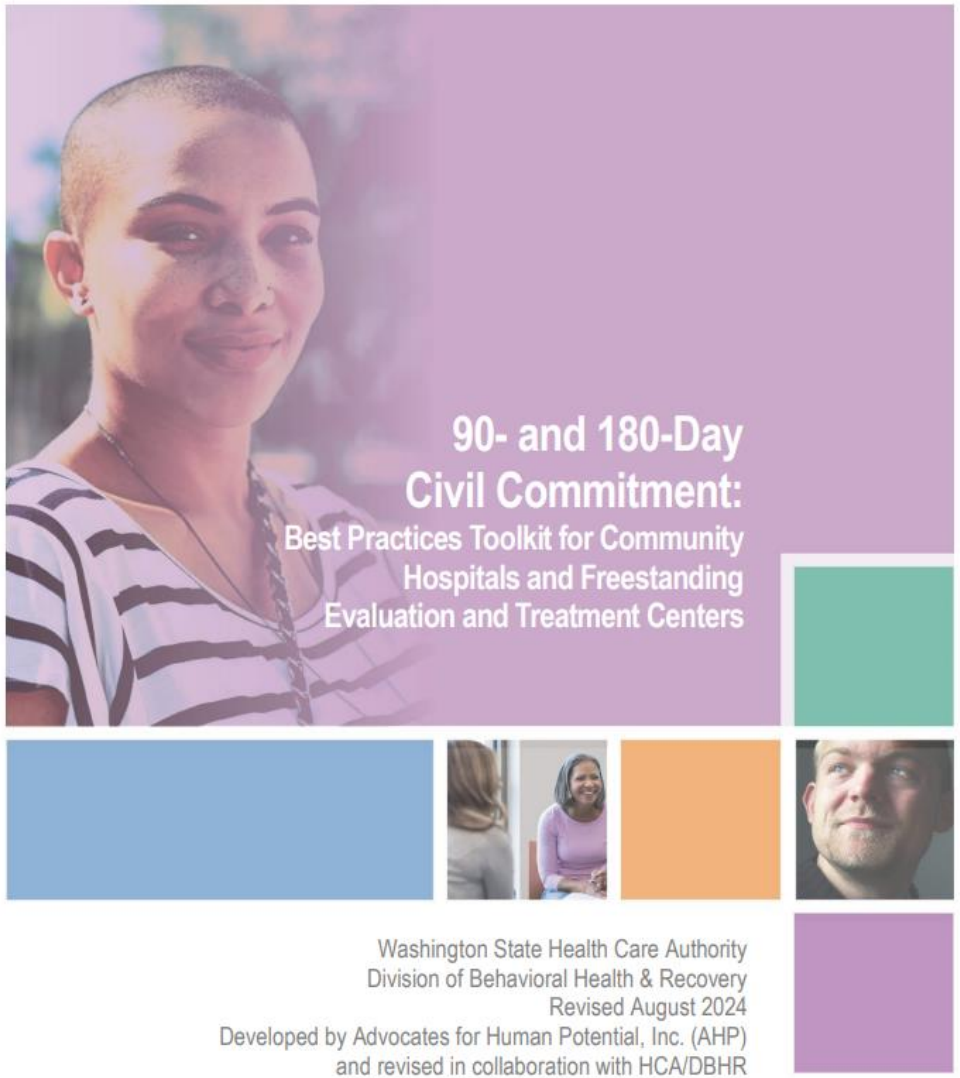
FOCUS OF LONG-TERM CIVIL COMMITMENT UNITS

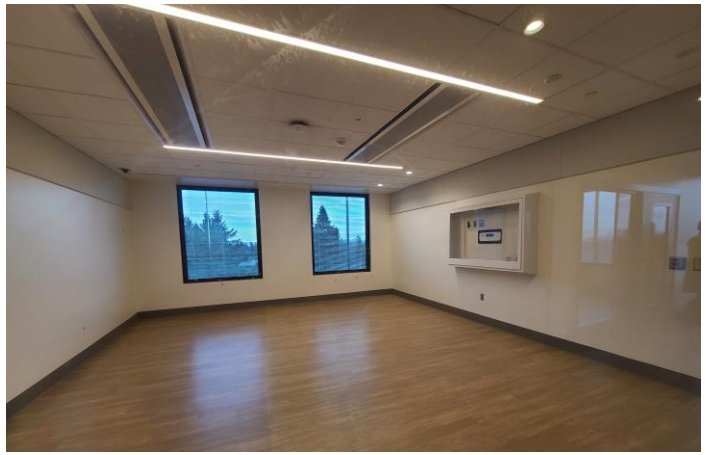
- 90-180-civil-commitment-toolkit.pdf

- Recovery-oriented programming
- Peer and family involvement
- Person-centered care planning



FEATURES THAT ENHANCE THE CARE AT THE CBHL

- Access to fresh air and open spaces
- Sensory rooms
- Therapeutic activity rooms for group therapy
- Single occupancy rooms
- Separate restraint/seclusion areas rather than in-room restraints
- Large interior/exterior windows
- Access to neuromodulation (ECT)



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WHO ENDS UP ON AN LTCC UNIT?

1% of people have schizophrenia

20% of people with schizophrenia are hospitalized involuntarily per year

20% of them end up on a 14-day commitment

10% of them end up on a 90-day commitment

50% of them end up on an LTCC unit

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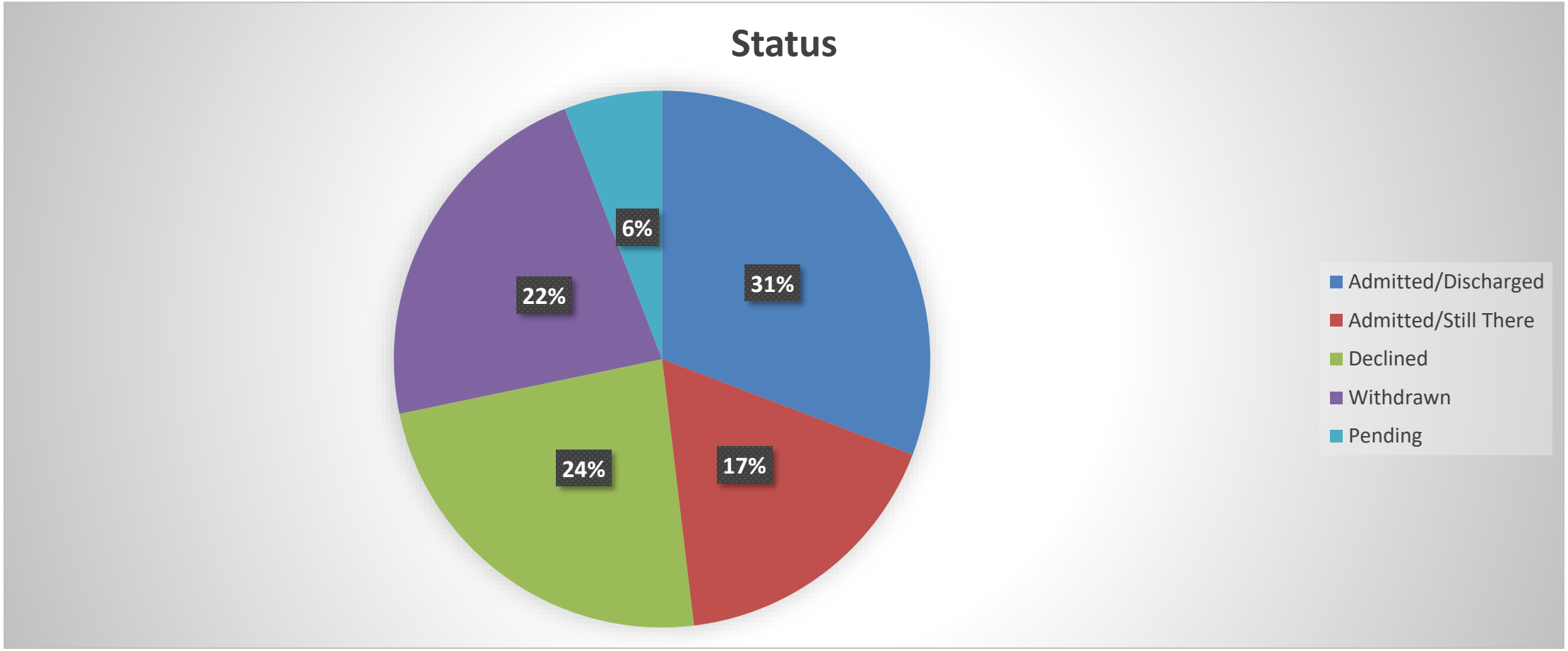
EARLY REFERRAL DATA

- From June 2024 through mid-September 2025, LTCC fielded 238 referrals:
  - 115 admitted (74 discharged), with average length of stay 105 days
  - 109 referrals from King County (46%), 65 from Pierce County (27%)
  - 56 referrals from Harborview (24%), 51 from Western State (21%), 21 from Fairfax (9%), 18 from UW-Northwest (8%)
  - 83 referrals with schizophrenia (35%), 72 with schizoaffective disorder (30%), 166 with a primary psychotic disorder (70%)

REFERRALS BY STATUS



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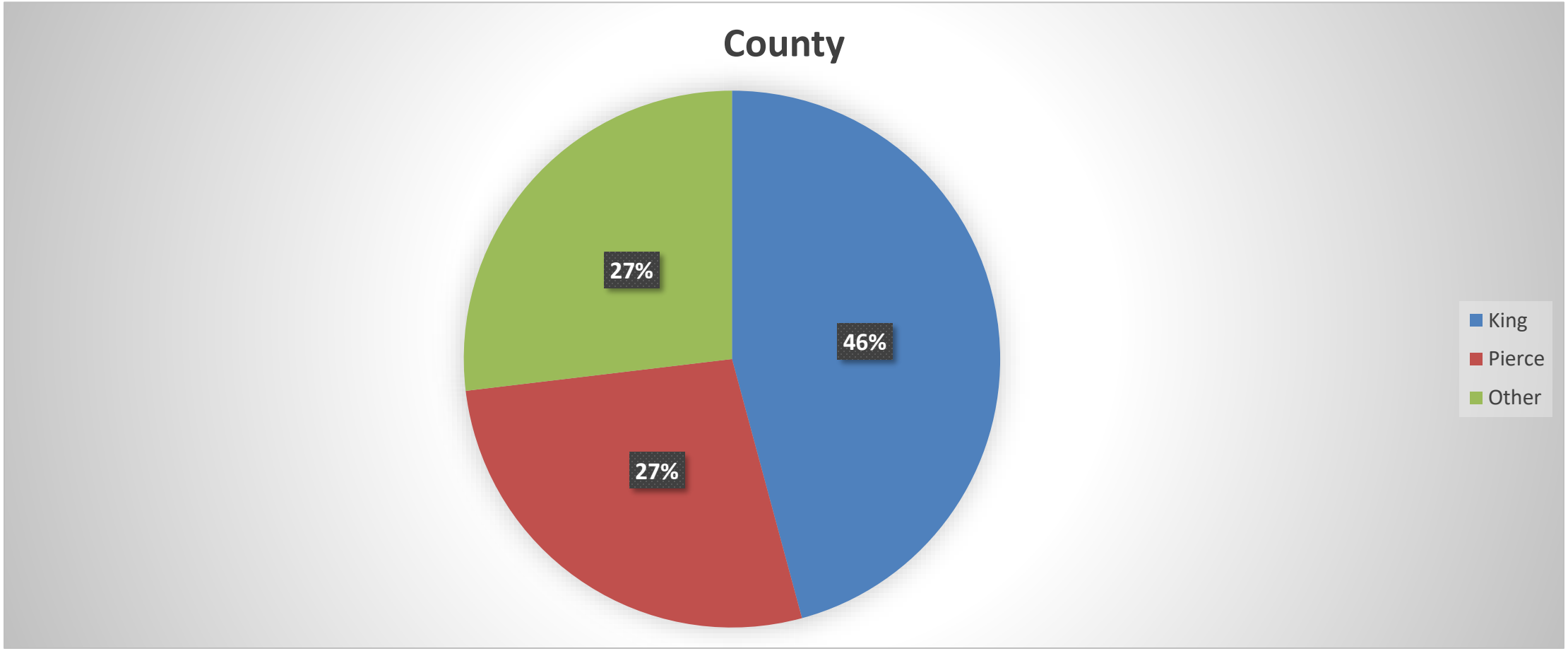
REFERRALS BY COUNTY



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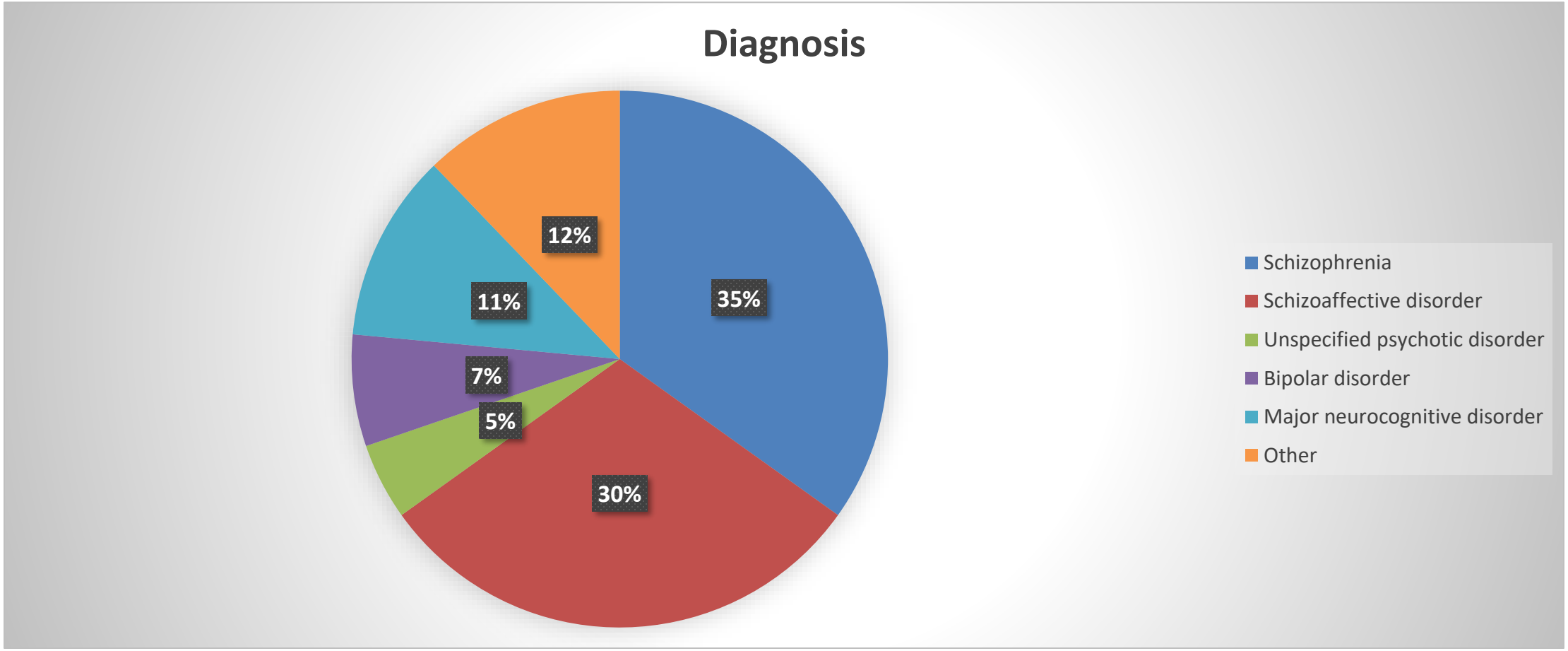
REFERRALS BY DIAGNOSIS



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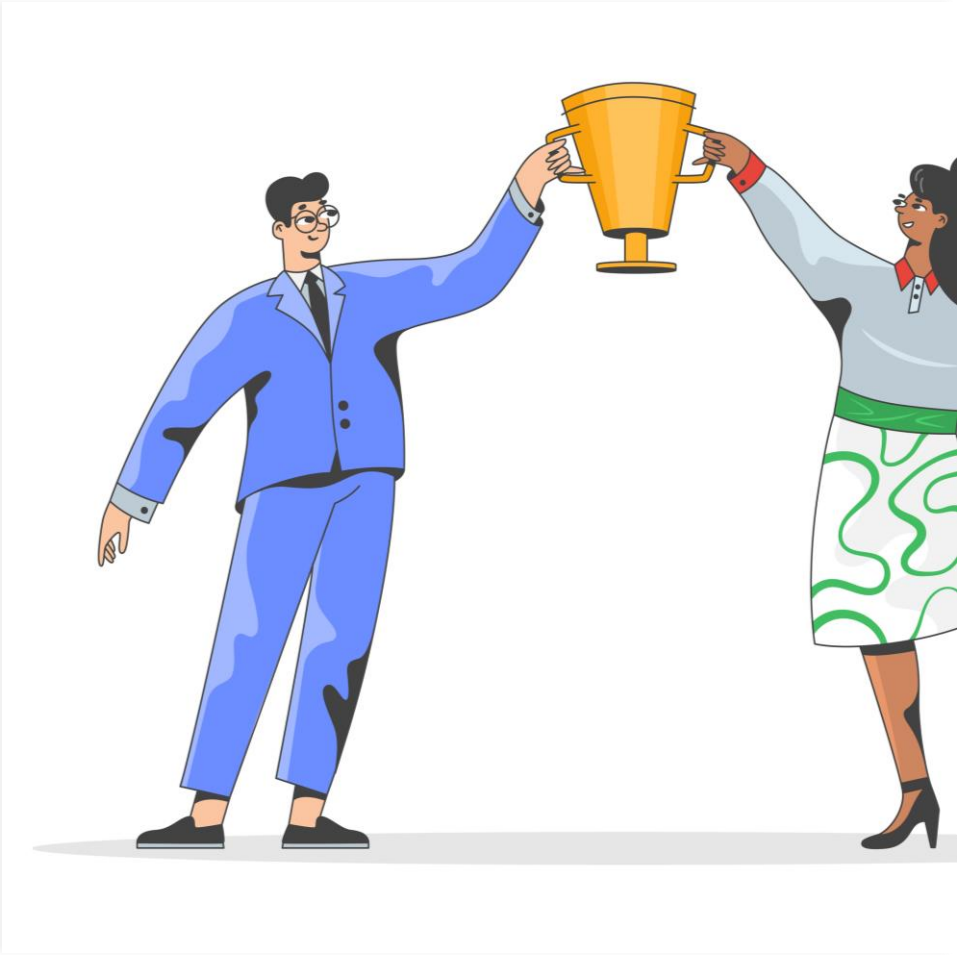
SUCCESSES

- Reduction in psychotic symptoms
  - Pharmacotherapy
  - CBTp-influenced programming
- Individualized care planning
  - Clinician-rated metrics in treatment plans
  - Comprehensive interdisciplinary plans to reduce specific behaviors or treat symptoms
  - Off-unit care
  - Incentive-based therapy
- Collaboration with other teams (ECT, OB, family medicine)
- Discharges of long-stay patients (average 105 days)



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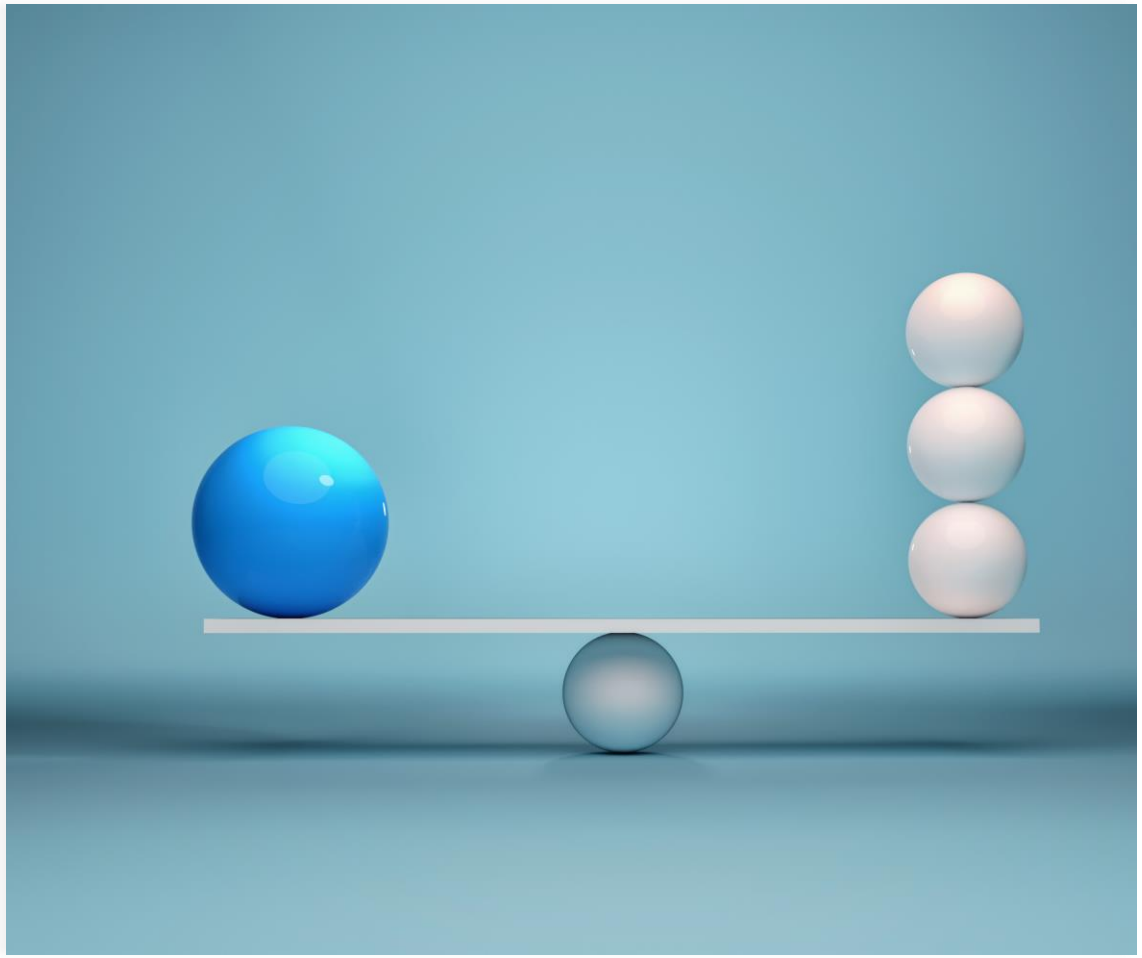
CHALLENGES

- Ongoing attempts at balancing competing needs
  - Patient acuity
  - Medical complexity
  - Standardized vs individualized approach
- Identifying and quantifying community needs for these beds
- Balancing safety, autonomy, dignity
- Limited discharge options
- Unexpected setbacks (defense attorney coverage, inertia in referral base)



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CASE #1

- 58yo male with schizophrenia referred by Western State for management of ongoing psychosis
- Believed he was being harassed and stalked by a satanic cult starting in 1996, with exacerbation starting 2018
- Admitted to five psychiatric units in 2022, then later set his car on fire outside a store to bring attention to the cult
- Charged with crime, admitted to Western State for felony restoration, transitioned to civil commitment
- Multiple antipsychotic trials without significant benefit
- Admitted to LTCC in July 2024

CASE #1 (CONTINUED)

- Continued to endorse fixed beliefs about cult
- Trials of several antipsychotics (olanzapine, haloperidol, paliperidone) before transition to clozapine
- Gradually less overtly distressed by the cult (though belief remained intractable)
- Exposure therapy (including off-unit exposures)
- Reduction from 100% certain he'd be abducted by a cult on discharge, to 80% (progress!)

CASE #2

- 23yo female with h/o bipolar 1 disorder and catatonia referred by Harborview for management of catatonia and mania
- Originally admitted to Harborview October 2024, with extremely complex course, including high-dose benzodiazepines (up to 18 mg/day lorazepam) and court-ordered ECT (with eventual stabilization after 40 ECT treatments)
- Experienced NMS vs malignant catatonia related to antipsychotic medications (risperidone, paliperidone, risperidone), and also had previous history of angioedema with antipsychotics (haloperidol and aripiprazole)
- Transferred to LTCC for further care April 2025

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CASE #2 (CONTINUED)

- Initially planned to taper off ECT, but manic symptoms quickly recurred, requiring a new court order
- Continued to experience significant side effects to psychiatric medications, including Cobenfy (which led to tachycardia, hypersalivation and altered mental status)
- Lithium and lamotrigine started, and lorazepam slowly tapered down (4.5 mg/day on d/c)
- She eventually (reluctantly) agreed to continue ECT voluntarily, which frequency of treatments tapered down very gradually (29 treatments here)
- Eventually discharged to her family in August

CASE #3

- 44yo female with history of schizoaffective disorder referred by Fairfax for management of ongoing psychosis and catatonia
- Initially admitted to Fairfax in December 2024 for worsening mood lability and delusions. Uncooperative and threatening towards staff.
- Relatively “stabilized” at Fairfax on clozapine 700 mg/day, clonazepam 2 mg/day, lithium 1500 mg/day, loxapine 120 mg/day, but still disorganized, intrusive, impulsive and labile
- Considered for ECT and eventually transferred to LTCC in August

CASE #3 (CONTINUED)

- Lorazepam and antipsychotics (clozapine, loxapine, quetiapine, olanzapine) minimally effective
- Required significant intervention by staff to redirect from running down halls, intruding on other patients, yelling, disrobing
- Consistently scored “high risk” on DASA
- Scored as high as 26 on Bush Francis and pursued court-ordered ECT
- Bush Francis fell to 8 the day after first ECT, then from 1-6 subsequently
- DASA fell to moderate and then low
- Still exhibiting psychotic symptoms, but now calm and cooperative and no longer overtly catatonic

QUESTIONS

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