



— WASHINGTON GOVERNOR —

JAY INSLEE

POLICY
BRIEF

December 2018

"We are trying to provide 21st century medical care using a 19th century model of care. Large institutions were popular in 1918, but in 2018, we know smaller hospitals closer to home are far more effective for patients. Through a combination of mostly state-run options, we will be able to serve nearly all our civil patients in smaller facilities that are much closer to home and much more able to sustain the kind of supports that ensure patients get the right care at the right time."

Gov. Jay Inslee

TRANSFORMING WASHINGTON'S BEHAVIORAL HEALTH CARE SYSTEM

Gov. Inslee puts forward plan to significantly increase community-based treatment

Washington's behavioral health system is based on an outdated model of care. We know the best way to treat patients is in the community and in smaller facilities that help them stay closer to home. Yet today, we lack enough community-based treatment options. This puts too much of a burden on our aging, oversized state psychiatric hospitals, where staffing and safety concerns strain treatment efforts. Meanwhile, a host of other problems — such as opioid abuse and a shortage of mental health treatment professionals — further stress our treatment systems. Gov. Jay Inslee's 2019–21 operating and capital budgets make significant investments to help transform our system of care.

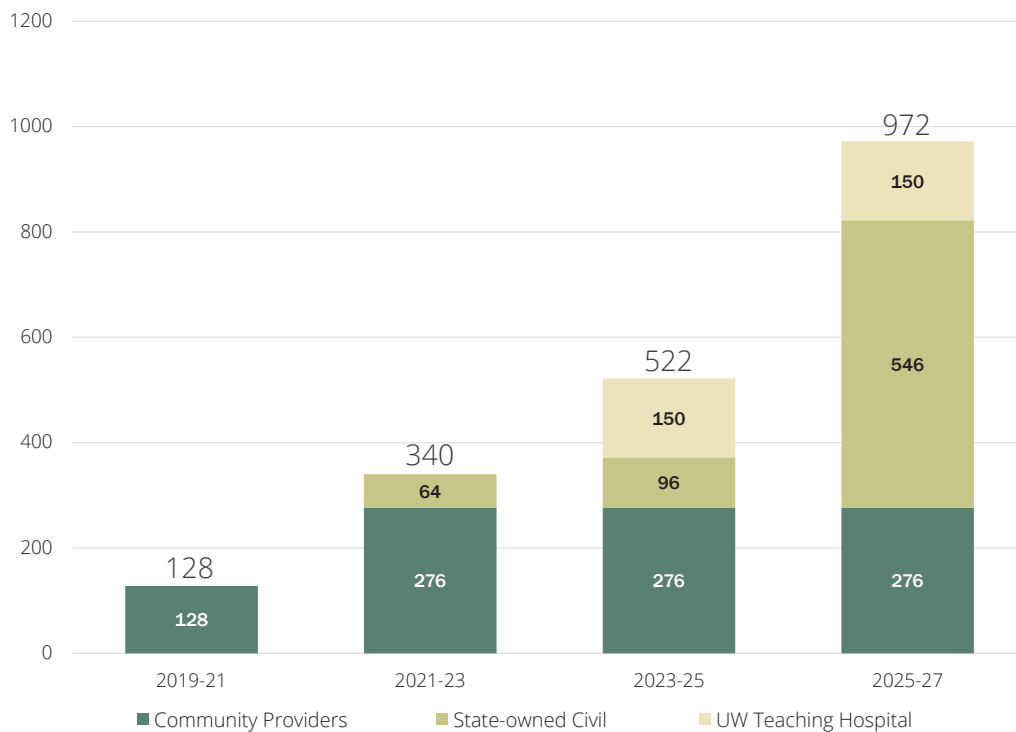
Background

Washington's two primary psychiatric treatment facilities — Western State Hospital and Eastern State Hospital — were built more than a century ago. As demand for behavioral health treatment services has grown in recent



Western State Hospital main entrance

Expanding civil placement capacity in the community



Gov. Inslee is proposing several types of placement options to help ensure appropriate care for an anticipated increase in 90- and 180-day civil commitment patients.

years, it has become clear that the hospitals and our system of care are falling short.

Western State, the larger of the state hospitals, struggles to keep up with rising demand and has been challenged to find appropriate placements for patients ready to be discharged. At the end of November 2018, 71 individuals waited for admission to a civil bed at the hospital; 189 individuals had completed active treatment and were on a waitlist to be discharged.

Meanwhile, at both state hospitals, patients are being treated in facilities built to outdated codes. For example, buildings at Western State still have wood-structure roofs, elevators inside 80-year-old shafts and electrical wiring more than 50 years old,

making it difficult, expensive and in some cases, impossible to install new technologies. In particular, the problems at Western State have been the focus of greater scrutiny and more sanctions from judges and federal accrediting authorities.

A big part of the problem is rooted in a statewide shortage of appropriate community-based facilities for individuals with complex behavioral health conditions. Without such options, the hospitals simply cannot meet the treatment needs of all our forensic and civil patients, and the resulting backlog causes stress not only at the hospitals but on almost every other part of the behavioral health system. If the state had more capacity for treating civilly committed patients in smaller, community-based

facilities, the hospitals could better focus on serving forensic and certain high-need civil patients.

In many respects, the state hospitals and the rest of our behavioral health system are still recovering from deep cuts made during the recession that started a decade ago. Those cuts shrank treatment capacity and led to substandard care and concerns with safety and security while demand increased.

Since Gov. Inslee took office, more than \$500 million in state funds has been invested in the behavioral health system. The state has added more than 70 treatment beds and hired more than 500 additional staff to improve patient care and safety at the hospitals.

Meanwhile, reform efforts are underway. In his 2017–19 budget, the governor began laying out a comprehensive vision for the delivery of behavioral health services across the state. The vision concentrated on building hospital discharge capacity, adding civil commitment capacity in the community and creating forensic centers of excellence at the state hospitals. In the meantime, experts have continued the crucial push for integrating physical and behavioral patient care to treat the whole patient.

While these recent reform efforts and investments have begun to ease the crises in our behavioral health system, we know much more remains to be done.

Gov. Inslee’s comprehensive strategy

Last spring, Inslee announced a five-year plan to dramatically reshape how and where we treat people suffering from acute mental illness. His proposed 2019–21 operating and capital budgets provide significant new resources to launch that transformative effort. The plan immediately invests

in developing community capacity and treatment services. This means individuals will be diverted from the state hospitals, and individuals at the hospitals can successfully transition back to the community. The plan also invests in long-term strategies to grow the behavioral health workforce while building additional civil commitment beds in the community. Lastly, the governor makes investments in the state hospitals to keep them running and safe for patients and staff while the system is being transformed.

To launch this effort, the governor’s operating budget includes \$404 million and his capital budget includes \$271 million in investments during the next biennium, primarily in five key areas.

Expanding behavioral health treatment options

A February 2015 report from the Washington State Institute for Public Policy, “Inpatient Psychiatric Capacity and Utilization in Washington State,” found that the prevalence rates for mental health conditions in Washington are among the highest in the nation. With an estimated 24 percent of adults experiencing a diagnosable mental health condition and 7 percent meeting criteria for serious mental illness, Washington ranks third and second, respectively, in the nation on these measures.

In 2015, approximately 180,000 individuals received an outpatient mental health service; of these patients, just over 1 percent were also admitted to a state hospital.

Effective behavioral health treatment options in the community help make sure patients can be appropriately discharged from the state hospitals and help address behavioral health issues early on, preventing some individuals from needing psychiatric hospitalization in the first place. And, in some instances, effective treatment in the

community can divert individuals from the criminal justice system.

Even for individuals with severe and chronic behavioral health needs, services in the community can offer timely and effective care that supports them in managing their condition outside the state hospitals.

To discharge patients from the state psychiatric hospitals and provide the necessary services, the governor's budget includes more than \$40 million to expand community alternative placements — such as long-term care facilities and state-operated living facilities — and creates new facility types for individuals who no longer need treatment but have high behavioral needs.

More than \$30 million is invested in community services — such as intensive outpatient treatment, partial hospitalization and intensive wraparound services — to make sure discharge placements are successful and to divert individuals from more inpatient care.

In addition to expanding mental health treatment options, the governor makes investments in substance use disorder treatment by increasing provider rates for secure withdrawal management and stabilization facilities across the state.

More housing support

Stable housing, paired with community treatment options, is essential to successfully stabilize individuals in their communities. Meeting housing needs can reduce the use of jails, emergency services and shelters. It can also help individuals who are ready for hospital discharge but lack the housing to go to.

Washington received federal approval to use Medicaid funding to provide the supportive services necessary to stably house the highest-need chronically homeless individuals. However, these federal dollars do not cover rental assistance, so many individuals who are eligible for these services remain homeless. The governor invests nearly \$35 million in rental assistance for permanent supportive housing services to an estimated 1,000 vulnerable people; priority is given to patients being discharged from the state hospitals.

The governor also proposes \$20 million in capital funding in the Housing Trust Fund for permanent supportive housing for people who suffer from chronic mental illness.

Workforce development

The demand for behavioral health professionals has outpaced our treatment system's ability to keep up nationwide. Meanwhile, high turnover rates, noncompetitive compensation and a shortage of professionals have compounded workforce challenges in our behavioral health system. In his 2017–19 biennial budget, Inslee invested in compensation increases and professional loan repayment to recruit and retain employees at our state hospitals.

Additional investment is needed to continue growing the workforce. Today there are 300 licensed psychiatrists in Washington state, 45 of whom are at Western State Hospital alone. As of November 2018, there were 17 vacant psychiatrist positions at the hospital.

The governor proposes investing a total of \$4 million to address these workforce shortages. His budget creates a new behavioral health conditional scholarship for 50 students who commit to working in high-demand behavioral health fields

in state hospitals and state behavioral health community sites. The governor also adds five residency positions at the University of Washington's psychiatry residency program.

In addition to these proposed items, funding is provided for advanced behavioral home care aide specialist training and supports for providers who care for individuals in the community.

Appropriate community-based facilities

While community treatment options are essential, some individuals need institutional care. Two years ago, Inslee laid out a vision to move all civil commitments out of the hospitals and into the community over time. This will be done through a combination of community providers and new state-owned and -operated facilities in regional settings. This way, patients can remain close to their family and friends and be better connected to community resources upon discharge.

In his operating budget, the governor invests more than \$35 million for community providers to serve patients committed under the Involuntary Treatment Act, a key first step in his plan to phase all civil commitments into the community. Community providers can more quickly expand civil commitment capacity while work is underway on future capital budget investments in state-owned and -operated facilities. To aid in this effort, the capital budget includes \$110 million for grants to community hospitals and community providers. These grants expand capacity that helps divert and discharge individuals from the state hospitals. This investment is projected to add more than 500 beds statewide.

This governor also proposes making a major investment in transforming the way state-owned, state-operated civil commitments are served. His

capital budget includes \$31 million to begin work on state-operated civil behavioral health facilities. Of this sum, nearly \$23 million will be tabbed for predesign and design of four 16-bed and two 48-bed facilities. The remaining \$8.3 million is for predesign of three 150-bed facilities. All these facilities will provide smaller settings to better serve patients in the community.

In addition, the governor's capital budget proposes \$2 million to conduct a predesign of a behavioral health-focused teaching hospital at the University of Washington.

Continued investment in state hospitals

While adding capacity in the community for civil placements, the governor recognizes we must continue to serve patients in our state hospitals. His capital budget includes nearly \$56 million for building improvements and critical infrastructure at Western and Eastern State hospitals. Almost half this funding is for fire safety projects and others to help keep patients from harming themselves or others.

It is nearly impossible to bring Western State Hospital back into compliance with building code and federal standards, both requirements for federal certification. The governor's capital budget includes \$7.5 million to conduct a predesign for a new 500-bed forensic hospital; this is a key step in planning a facility that will provide a 21st century model of care for forensic services. The intent is to pursue about \$25 million in the 2021–23 budget for design and \$528 million in the 2023–25 budget for construction. In the interim, nearly \$47 million is provided to construct two new wards and a modern treatment space at Western State Hospital.