

"My budget will strengthen our state psychiatric hospitals and redesign the community-based behavioral health care system. By transforming the state hospitals, by diverting people from jails to appropriate community care, by improving services for people with substance use disorder and by integrating behavioral health with medical care, we will enhance the health outcomes and cut the overall costs of caring for the people of Washington state."

Gov. Jay Inslee

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GOV. INSLEE'S PLAN TO TRANSFORM WASHINGTON'S MENTAL HEALTH SYSTEM

Gov. Inslee proposes to fundamentally change the shape and operation of the state psychiatric hospitals by creating new public and privately run long-term facilities and by funding services for civil commitments in the community. Among a number of actions, the governor's plan phases in nine, new 16-bed community behavioral health hospitals to deliver acute psychiatric inpatient care for civil commitments. Western and Eastern State hospitals would remain in operation, but focus largely on forensic commitments (ordered by the courts) and hard-to-place civil (involuntarily committed) patients.

The governor also proposes sweeping changes for how we treat people with mental health and substance use disorders, including opioid addiction. People with these conditions have poor health outcomes due to chronic underfunding, lack of access to medical services, inadequate coordination between behavioral health care and medical care, and not enough preventive care.

To accomplish this transformation in behavioral health, Gov. Inslee is moving to integrate behavioral and physical health care by 2020. This will help many people with serious mental health conditions avoid commitment at the state psychiatric hospitals or, for some, jail. He is requesting legislation to align behavioral health operations now housed in various state agencies to provide better, coordinated, more cost-effective services.



Western State Hospital

Washington is one of the best places to live in the United States. But our state, unfortunately, is not the best to live in if you need mental health treatment. In fact, nearly one-quarter of adults in Washington have a diagnosable mental health condition; we have the second-highest rate in the nation for adults with serious mental illness. Despite a network of talented individuals dedicated to delivering great care, Washington lags behind the nation in providing timely access to services for behavioral health, which includes mental health and substance use disorders.

It is no secret that the state has had problems in its state psychiatric hospitals. A combination of long-standing systemic issues coupled with deep cuts made during the recession left Western State Hospital with too few staff, too few discharge options, a lack of accountability, inconsistent processes and a crumbling infrastructure, which have all led to poor outcomes for patients, their families and staff.

In October 2015, the governor set out to accomplish two tasks. The first was to make immediate changes at Western State to improve patient care and staff safety. Already, clinical staffing level have been shored up and patients have been discharged more timely. The second was to create a long-term, strategic vision for what the hospital system should look like. Working with legislative leaders, Gov. Inslee and the Department of Social and Health Services engaged private, independent consultants to make recommendations on:

- » [Improving patient care and safety at the state psychiatric hospitals](#)
- » [Establishing a uniform staffing model at the state psychiatric hospitals](#)
- » [Modernizing the size and shape of the entire behavioral health system](#)
- » [Creating the workforce to properly staff our behavioral health system](#)
- » [Diverting people with mental illness and substance use disorders from jail](#)

After reviewing national best-practice literature, interviewing hundreds of policy leaders and stakeholders and analyzing data, the consulting teams reached several sets of findings. Most notably, they found that the flow through the state psychiatric hospital system — Eastern and Western State hospitals — was clogged: Patients were waiting to get into the hospitals and then weren't discharged as timely as possible. These backlogs were causing stress not only at the hospitals, but on almost every other part of the larger mental health system.

The consultants found this systemic breakdown was caused by a multitude of factors: sparse staffing levels; deep budget cuts that slashed services across the state during the Great Recession; overly centralized management and decision making; inconsistent practices and assessments for discharges; insufficient community-based resources for those being discharged; lack of accessible and integrated medical and behavioral health care in the hospitals and the community to prevent the need for hospitalization in the first place; shortages of behavioral health professionals; and the means to divert people from jail and into community behavioral health care services.

Perhaps most significantly, the consultants found that Washington's model of centering services on two, large psychiatric hospitals — one of them among the largest in the country — was inconsistent with best practices. Instead, peer states have switched to a more decentralized, community-based approach for civil commitments.

In short, there are many areas in which the state could improve, not only in the near-term management of the psychiatric hospitals, but in transforming the entire behavioral health system to a more-efficient structure to better serve patients. The governor's 2017–19 budget begins putting all this work into action.

A MULTI-PRONGED PLAN FOR REBUILDING OUR MENTAL HEALTH SYSTEM

Gov. Inslee's mental health transformation proposal has three main strategies:

Move civil commitments to the community

One of the biggest changes the governor proposes is providing treatment as close to where people live as possible — even for those with long-term psychiatric commitments. When treatment is delivered close to home, research tells us that patients stay more closely connected with their friends and families, those who prescribe their treatment and the supports from community mental health agencies. This promotes better health outcomes.

To achieve this goal, we need to move people hospitalized on civil commitments out of the state hospitals by creating more civil beds in the community. Gov. Inslee proposes to add nine state-run, community-based hospitals, to be phased in over the next three biennia. His plan would also cover 100 percent of the cost of providing inpatient psychiatric beds. This will encourage other community-based hospitals to provide long-term civil commitment treatment, too.

New investments:

- » \$99.6 million for 356 new community alternative beds
- » \$1.6 million for eight financial service specialists to help hospital patients make the transition to community placements
- » \$3.8 million in the operating budget and \$22.5 million in the capital budget for the first three of nine, new 16-bed community behavioral health hospitals to provide acute psychiatric inpatient care. Three more will come online in 2019–21 and the last three in 2021–23.
- » \$28.6 million for an inpatient psychiatric care rate increase to fully cover costs
- » \$2.8 million for 13 case managers to help prepare state hospital patients for community placements

Invest in 21st century treatment at Western State Hospital

Federal oversight teams and staffing consultants hired by DSHS have made it clear that Western State must hire more nursing and psychiatric

staff for treatment and better ward-based management. In fact, consultants found direct care-staff-to-patient ratios in many of the states reviewed were 10 to 50 percent higher than Washington's, meaning more staff members are available per-patient in other states. The hospital must also continue to make steady efforts to improve patient and staff safety. The governor's budget provides funding for nearly 137 positions to shore up staffing called for by the federal quality and safety audits at Western State.

In addition, consultants also recommended providing treatment in the state hospitals that addresses not only mental health issues but also co-occurring substance use disorders. The need is compelling: Estimates of co-occurring mental health and substance abuse disorders in state hospitals range from 40 to 60 percent.

New investments:

- » \$52.7 million to hire 137 staff at Western State
- » \$3.5 million to integrate hospital-delivered substance use disorder and mental health treatment through peer supports and chemical dependency professionals

All told, the governor's mental plan adds more than 700 staff. Of nearly 540 staff, 333 are to support civil commitments in the community, 183 are to support community placements for individuals with long-term care and developmental disabilities needs, and 21 are to expedite discharges from hospitals.

Strengthen behavioral health care and create more diversion and discharge resources in the community

One consequence of patients having to wait too long to receive care is that by the time they finally do, it is in the highest, most-acute settings, often the emergency room. That's because the health care system is disjointed, has too few services, too few providers and not enough crisis response services. When people can't get help that keeps them well and safe in their homes and communities, they go to ERs — and some to jails.

To promote better behavioral health care and to improve community resources in lieu of providing civil commitment care in a state hospital, Gov. Inslee proposes the following key actions:

» **Integrate physical and behavioral health.**

To assure medical care is available to people with behavioral issues, Gov. Inslee has led the push for integrating physical and behavioral health care by 2020, an idea set in law in 2014. By paying for physical and behavioral health care together, the state will encourage providers to clinically integrate care. This will also promote more preventive care services and better patient outcomes.

Gov. Inslee proposes to transfer the community behavioral health service programs and substance use disorder programs now operated by the Department of Social and Health Services to the Health Care Authority by 2018, and move the licensing and certification programs at DSHS to the Department of Health. These moves will align the agencies' core strengths.

- » **Treat people in the most-effective and least-restrictive setting.** Gov. Inslee proposes to add resources to treat people in the least restrictive setting possible, avoiding the need for hospitalization in the first place. This will also help divert individuals from jail when they can't get treatment elsewhere.

New investments:

- » \$4.9 million for new mobile crisis response teams for immediate response
- » \$3.6 million for walk-in centers that allow individuals in crisis to stay 23 hours under observation and receive services
- » \$2.8 million for low- and no-barrier housing, with case managers, to provide 100 more beds for people with a criminal history, substance use disorder and/or mental illness, to keep them out of jails

On the other end of the spectrum, hundreds of patients at Western State are ready for discharge but have no place to go. Providing an array of supported discharge options —

from highly structured residential programs to basic supportive housing — are also important investments in his plan. A key component of this continuum strategy is step-down housing, an intermediate stop between hospitalization and living independently in a community setting.

New investments:

- » \$8.2 million for 320 additional, permanent supportive housing beds
- » \$4.6 million in step-down housing for 60 beds with 24-hour staffing and nursing and rehabilitative therapy.

[See the governor's plan for homelessness for more information.](#)

- » **Make behavioral health workforce investments.** Following the consultants' recommendations, Gov. Inslee is directing the Health Care Authority to develop a plan for innovative, team-based practice changes, such as consultation resources, to help primary care providers treat more behavioral health patients, and tele-psychiatry services for patients who aren't mobile.
- » **Invest in effective substance use disorder treatment.** Following up on his 2016 executive order on opioid use prevention, the governor's budget funds proven treatment options (called medication assisted treatment, or MAT). He will also leverage federal grants to assure the overdose antidote drug Naloxone is more widely available and to ease provider access to the Department of Health's Prescription Drug Program to help prevent overdoses.

New investments:

- » \$2.3 million for a demonstration grant to prevent prescription drug and opioid overdose-related deaths
- » \$1.9 million for 10 nurse case managers to assist with MAT
- » \$1.4 million for a pain management call center for providers to consult with experts