

**Behavioral Health Administration – Mental Health**  
**030 - PL - CG - STATE HOSPITAL COMPLIANCE**

**Agency Submittal: 11-2017-19-YR Agency Req**

**Budget Period: 2017-19**

**SUMMARY**

Many of Washington’s most vulnerable citizens are at risk of not being able to receive critical services at the state psychiatric hospitals. Cuts made during the recession led to serious safety issues resulting from not having enough staff or training. Further, while resources were at a low point, demand for hospital beds continued to grow. People in need of services at the state psychiatric hospitals are managing severe psychiatric illness, behavioral health needs such as co-occurring substance use disorder, dementia and developmental disabilities. They are also admitted for forensic mental health services to determine or restore competency to stand trial or to receive treatment when found not guilty by reason of insanity. Under current conditions there is not enough capacity at the state hospitals to provide timely, safe, quality care to people who need the services to maintain their health for themselves and their communities.

**PROBLEM STATEMENT**

For the last several years, the state psychiatric hospitals have struggled to find and keep essential staff at the hospitals partly due to nationwide shortfalls in nursing and psychiatrists, and due to the inability to pay competitive wages and compensation packages while remaining within appropriated budget levels. Washington State’s mental health system is one of the lowest funded per capita in the United States. Despite additional expenditures to attempt to maintain minimum standards of care, the hospitals have also struggled to meet minimum standards for certification by the Centers for Medicare and Medicaid Services (CMS). Most recently, CMS issued a series of Immediate Jeopardies (IJs) which if not fixed would result in immediate revocation of the hospitals’ CMS certification. While the IJs have been addressed to CMS satisfaction for short term compliance, the underlying Conditions of Participation (CoPs) remain out of compliance. Western State Hospital (WSH) entered into a Systems Improvement Agreement (SIA) with CMS to provide additional time and oversight for WSH to meet the CoPs and provide safe, quality care. If WSH is unable to fulfill the SIA it will lose its certification. In order to maintain CMS certification, federal funding, safe, quality care for patients and to implement recommendations from the SIA consultant in accordance with the requirements in the SIA, the state psychiatric hospitals are in need of additional resources.

**PROPOSED SOLUTION**

Provide funding to maintain CMS certification, federal funding, safe, quality care for patients, and to implement recommendations from the SIA Consultant required in the SIA. Specific details regarding necessary actions and related funding are currently pending the recommendations from the SIA Consultant and subsequent CMS approved Corrective Action Plans.



**DSHS VISION**

People are healthy • People are safe • People are supported • Taxpayer resources are guarded

**DSHS MISSION**

To transform lives

**DSHS VALUES**

Honesty and Integrity • Pursuit of Excellence • Open Communication • Diversity and Inclusion • Commitment to Service

#### EXPECTED RESULTS

Denial of this request will seriously impede the ability of WSH to provide critical state psychiatric hospital services, which could result in further decompensation and result in harm to themselves or others. Currently the state psychiatric hospitals on average provide services to 1,127 clients per month.

If this request is not adopted, clients will not have access to critical state psychiatric hospital services that could result in further decompensation and result in harm to themselves or others. Further, it will likely increase the waitlist for these critical services resulting in further court orders and sanctions on the state for not providing appropriate services to our mentally ill population.

Clients eligible for these services are some of the most vulnerable in our society. Funding this request will remove many barriers to serving our most vulnerable clients.

#### STAKEHOLDER IMPACT

This proposal is expected to have support from counties, jails, advocacy groups such as Disability Rights Washington and Northwest Justice, prosecutors and defense counsel.

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OTHER CONNECTIONS

Performance Outcomes/Important Connections

**1. Does this DP provide essential support to one or more of the Governor's Results Washington priorities?**

Goal 4: Healthy & Safe Communities - Healthy People - Provide access to good medical care to improve people's lives.

**2. The decision package meets the following DSHS' strategic objectives:**

1.1: State psychiatric hospitals will be safer for staff and patients.

**3. Identify other important connections or impacts below.** (Indicate 'Yes' or 'No'. If 'Yes' identify the connections or impacts related to the proposal.)

- a) Regional/County impacts? Yes, if not properly funded the state hospitals will not be able to care for clients needing this level of service and local communities will be impacted.
- b) Other local government impacts? Yes, possibly courts and jails.
- c) Tribal government impacts? Yes, the need for state psychiatric hospital services affects all populations.
- d) Other state agency impacts? Yes, may create additional stress on the Department of Corrections (DOC) and the Health Care Authority (HCA).
- e) Responds to specific task force, report, mandate or executive order? Yes, this is in response to SB 6656 and court decisions (Trueblood and DW v. DSHS, and Ross v. Inslee settlement).
- f) Does request contain a compensation change or require changes to a Collective Bargaining Agreement? Yes, in order to obtain and retain qualified staff bargaining will be necessary.
- g) Facility/workplace needs or impacts? Yes, likely necessary facility improvements to address environment of care Conditions of Participation.
- h) Capital budget impacts? Yes, may have a capital impact in the next biennium.
- i) Is change required to existing statutes, rules or contracts? Yes, possibly depending on recommendations.
- j) Is the request related to litigation? Yes, court decisions (Trueblood and DW v. DSHS, and Ross v. Inslee settlement).
- k) Is the request related to Puget Sound recovery? No
- l) Other important connections? No

**030 - PL - CG - State Hospital Compliance**

**4. Please provide a detailed discussion of connections/impacts identified above.**

This proposal is expected to address the shortfall in resources for the state psychiatric hospitals needed within the mental health system continuum of care. Specific details regarding necessary actions and related funding are currently pending the recommendations from the SIA Consultant and subsequent CMS approved Corrective Action Plans. If this request is not adopted, clients will not have access to critical state psychiatric hospital services that could result in further decompensation and result in harm to themselves or others. Further, it will likely increase the waitlist for these critical services resulting in further court orders and sanctions on the state for not providing appropriate services to our mentally ill population. Under current conditions there is not enough capacity at the state hospitals to provide timely, safe, quality care to people who need the services to maintain their health and for themselves and their communities.

**Alternatives/Consequences/Other**

**5. What alternatives were explored by the agency, and why was this alternative chosen?**

The department does not yet know all the recommendations, so it is possible that other alternatives will be chosen for the state rather than state psychiatric hospital funding; however, DSHS believes that this level of service is still needed at some level.

**6. How has or can the agency address the issue or need within its current appropriation level?**

The department does not yet know all the recommendations, so it is possible that other alternatives will be chosen that could be less costly to the state; however, it is likely that alternatives may be more costly.

**7. Does this decision package include funding for any IT-related costs (hardware, software, services, cloud-based services, contracts or IT staff)?**

- No  
 Yes (Include an IT Addendum)