The Department of Social and Health Services (DSHS) Behavioral Health Administration (BHA) requests $1,179,000 GF-State to establish and maintain eight beds in the Psychiatric Intensive Care Unit (PICU) at Eastern State Hospital in Medical Lake, Washington. These beds support the needs of patients with severe mental illness who pose an extraordinary risk to themselves or others. They will serve psychiatric patients from across the entire State of Washington as currently there is no other service like this offered within the state.

Psychiatric Intensive Care Unit (PICU) at Eastern State Hospital is intended to serve violent and assaultive patients located at both Western State Hospital (WSH) and Eastern State Hospital (ESH). The PICU will house high acuity patients for short term stays with a transition back to a standard ward after stabilization. PICU patients will be provided specialized patient care and treatment targeted at reduction of violence and assaults. Based upon the recommendations of the State Hospital Ad Hoc Safety Committee, comprised of representatives from all of the labor organizations and management at both state psychiatric hospitals, DSHS was funded 22.8 FTE and $1.893 million each fiscal year in the 2015-17 Biennium to develop a PICU as a key mitigating strategy for reducing patient violence. This specialized unit is designed to provide intensive treatment to patients in severe psychiatric crisis and identified as having a high risk of violence resulting from their severe mental illness. ESH has been averaging ten L&I claims for patient-to-staff assaults a month for the past four fiscal years, and the intent is to take a new therapeutic approach that will upon what has been a steady trend of assaults with the implementation of this new unit.

Initially the PICU was funded for two beds to be located at Western State Hospital (WSH) in Lakewood, Washington. However, because ESH had a location within its existing facility that could house a small ward such as the PICU with minimal capital renovations, the project and funding were transferred to ESH. The ward was renovated in the 2015-17 Biennium with $1.08 million (Project Number 30002773, 2015-17) of appropriated capital funding. This capital investment resulted in a PICU with a capacity of eight beds. Therefore, ESH is requesting the difference between its base operating budget for two beds and the total amount needed to cover full operation of all eight beds. By adding six additional beds, the state hospitals will be able to provide more intensive treatment to a greater number of the patients identified as having a high risk of violence.

The staffing mix is specifically designed to impact patients who are extraordinarily violent due to chronic mental illness. Referrals to the PICU can be made with the goal of either stabilization of aggressive behaviors or clarification of previous mental illness diagnosis. DSHS is requesting an additional ongoing 17.9 FTE starting July 1, 2018 to fully support the operations of the eight bed facility.
PROPOSED SOLUTION

By funding this request, ESH will be able to fully utilize the newly renovated eight-bed PICU. Investing in eight beds rather than two beds enables DSHS to provide a greater opportunity for meaningful interactive therapeutic environment with larger group settings. These group settings will teach patients the tools they can use and sustain; teach them skills they can cultivate and; assist them to move forward with their treatment and discharge plan. These additional learning opportunities are provided through the routine day to day and multiple group interactions with other patients on the ward.

EXPECTED RESULTS

ESH staff will be able to provide treatment to patients identified as having a high risk of violence in the PICU with the goal of protecting other patients and staff. As previously noted, ESH has been averaging ten L&I claims for patient-to-staff assaults a month for the past four fiscal years. The PICU model will create an environment that will contribute towards reducing this continuing trend of patient violence at the hospital. It is also expected that the implementation of the PICU will have an impact on the number of one-to-one interventions currently utilized throughout the hospital.

ESH will be able to provide these patients with an intensive, multidisciplinary, therapeutic program that includes evidence-based interventions and best practice models. These interventions will be directed towards rapidly reducing acute symptoms while promoting self-management and recovery skills necessary to function in a setting less restrictive. The interventions will be provided by appropriately qualified and trained individuals and based on a comprehensive assessment of the individual patient’s needs. This valuable information will be passed on to the home or transfer unit.

STAKEHOLDER IMPACT

This proposal has support from the BHA, the State Hospital Ad Hoc Safety Committee comprised of representatives from all of the labor organizations, and management at both state psychiatric hospitals.

Agency Contact: Sara Corbin, (360) 902-8194
Program Contact: Mark Kettner, (509) 565-4252

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. **Identify other important connections or impacts below.** (Indicate ‘Yes’ or ‘No’. If ‘Yes’ identify the connections or impacts related to the proposal.)
030 - PL - CW - Psych Intensive Care Unit Staff

a) Regional/County impacts? No

b) Other local government impacts? No

c) Tribal government impacts? No

d) Other state agency impacts? No

e) Responds to specific task force, report, mandate or executive order? No

f) Does request contain a compensation change or require changes to a Collective Bargaining Agreement? No

g) Facility/workplace needs or impacts? Yes, by providing a therapeutic healing approach while providing treatment of patients with severe mental illness, ESH is expecting to see a reduction of incidents of patient violence and patient to staff assaults in our state hospitals.

h) Capital budget impacts? No

i) Is change required to existing statutes, rules or contracts? No

j) Is the request related to litigation? No

k) Is the request related to Puget Sound recovery? No

l) Other important connections? None.

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

This ward will be the only one of its kind within Washington State to serve patients with severe mental illness and obtain the individualized treatment necessary for recovery and a successful discharge to their communities.

Alternatives/Consequences/Other

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

There are no alternatives to adequately serve this patient population without additional funding. Without additional funding the ward will not be opened.

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

There are no additional resources available within DSHS to support this request. DSHS proposes in this request to revert fiscal year 2018 PICU base funding as a means to offset the fiscal year 2019 incremental staffing increase.

6. Does this decision package include funding for any IT-related costs (hardware, software, services, cloud-based services, contracts or IT staff)?
030 - PL - CW - Psych Intensive Care Unit Staff

☒ No
☐ Yes (Include an IT Addendum)
# Fiscal Detail

### 030 - PL - CW - Psych Intensive Care Unit Staff

#### Operating Expenditures

<table>
<thead>
<tr>
<th>Source</th>
<th>FY 2018</th>
<th>FY 2019</th>
<th>FY 2020</th>
<th>FY 2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>001-1 General Fund-State</td>
<td>-1,893,000</td>
<td>3,072,000</td>
<td>2,828,000</td>
<td>2,828,000</td>
</tr>
<tr>
<td><strong>Total Cost</strong></td>
<td>-1,893,000</td>
<td>3,072,000</td>
<td>2,828,000</td>
<td>2,828,000</td>
</tr>
</tbody>
</table>

#### Staffing

<table>
<thead>
<tr>
<th>FTEs</th>
<th>FY 2018</th>
<th>FY 2019</th>
<th>FY 2020</th>
<th>FY 2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>-22.8</td>
<td>17.9</td>
<td>17.9</td>
<td>17.9</td>
<td></td>
</tr>
</tbody>
</table>

### Performance Measure Detail

**Activity:**

**Program: 030**

C063  Mental Health Facilities Services

No measures submitted for package

### Object Detail

<table>
<thead>
<tr>
<th>Item</th>
<th>FY 2018</th>
<th>FY 2019</th>
<th>FY 2020</th>
<th>FY 2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>A Salaries and Wages</td>
<td>-1,166,000</td>
<td>1,864,000</td>
<td>1,864,000</td>
<td>1,864,000</td>
</tr>
<tr>
<td>B Employee Benefits</td>
<td>-523,000</td>
<td>853,000</td>
<td>853,000</td>
<td>853,000</td>
</tr>
<tr>
<td>E Goods and Other Services</td>
<td>-171,000</td>
<td>81,000</td>
<td>81,000</td>
<td>81,000</td>
</tr>
<tr>
<td>G Travel</td>
<td>-5,000</td>
<td>5,000</td>
<td>5,000</td>
<td>5,000</td>
</tr>
<tr>
<td>J Capital Outlays</td>
<td>0</td>
<td>244,000</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>P Debt Service</td>
<td>-6,000</td>
<td>6,000</td>
<td>6,000</td>
<td>6,000</td>
</tr>
<tr>
<td>TZ Intra-agency Reimbursements</td>
<td>-22,000</td>
<td>19,000</td>
<td>19,000</td>
<td>19,000</td>
</tr>
<tr>
<td><strong>Total Objects</strong></td>
<td>-1,893,000</td>
<td>3,072,000</td>
<td>2,828,000</td>
<td>2,828,000</td>
</tr>
</tbody>
</table>

### DSHS Source Detail

#### Overall Funding

**Operating Expenditures**

<table>
<thead>
<tr>
<th>Source</th>
<th>FY 2018</th>
<th>FY 2019</th>
<th>FY 2020</th>
<th>FY 2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>001-1 General Fund-State</td>
<td>-1,893,000</td>
<td>3,072,000</td>
<td>2,828,000</td>
<td>2,828,000</td>
</tr>
<tr>
<td><strong>Total for Fund 001-1</strong></td>
<td>-1,893,000</td>
<td>3,072,000</td>
<td>2,828,000</td>
<td>2,828,000</td>
</tr>
<tr>
<td><strong>Total Overall Funding</strong></td>
<td>-1,893,000</td>
<td>3,072,000</td>
<td>2,828,000</td>
<td>2,828,000</td>
</tr>
</tbody>
</table>