BEHAVIORAL HEALTH AND SERVICE INTEGRATION ADMINISTRATION

Single Bed Certification Response



Request	FY15	FY16	FY17	15-17
FTE				
GF-State		TBD	TBD	TBD
Total				

DECISION PACKAGE SUMMARY

The Behavioral Health and Service Integration Administration (BHSIA) requests funding to purchase mental health services necessary to end the use of single bed certifications in settings in which individuals detained for involuntary treatment do not receive appropriate treatment. By funding this request, BHSIA is expected to comply with the State Supreme Court decision in the case of *D.W etc. al vs The Department of Social and Health Services and Pierce County* (http://www.courts.wa.gov/opinions/pdf/901104.pdf).

PROBLEM STATEMENT

RCW 71.05 provides for the involuntary detention of persons who, as a result of a mental disorder, are a danger to themselves or others or are gravely disabled. Detention must be to an Evaluation and Treatment (E&T) facility certified by the Department. When there is no E&T bed available, the Department provides temporary single bed certification in hospital emergency departments and acute care settings. This practice is commonly referred to as 'psychiatric boarding'. In 2013, ten involuntarily detained patients petitioned for release. They were joined by two community hospital systems and the case was heard by the Washington State Supreme Court. On August 7, 2014, the Court, in a 9-0 decision, found that when an individual is involuntarily detained for evaluation, stabilization and treatment, RCW 71.05 requires that they be held in a certified evaluation and treatment facility, which is defined in state law. The court further found that RCW 71.05 authorizes single bed certifications for specific reasons related to an individual's treatment needs, but that it does not allow single bed certifications to avoid overcrowding certified evaluation and treatment facilities.

Currently, Regional Support Networks (RSNs) administer the state's community mental health system and pay for community based evaluation and treatment services. However, there has been a long standing and well documented shortage of acute psychiatric beds for RSNs to use. In 2011, the Washington State Institute for Public Policy (WSIPP) provided a study for the Legislature that addressed inpatient capacity. The WSIPP study noted that a 2009 American Hospital Association survey ranked Washington 47th among all states in community psychiatric bed capacity. The Legislature has added crisis diversion and evaluation and treatment capacity over the last two years to address changes in RCW 71.05, but this increased capacity does not fully address the underlying shortage of beds and crisis diversion services. This funding is necessary for community mental health to begin paying for evaluation and treatment in community psychiatric facilities as well as to fund crisis diversion services and programs. Several facilities have agreed to develop additional bed capacity. If this proposal is not funded, the state would not be able to comply with the Supreme Court ruling.



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DSHS MISSION
To transform lives
DSHS VALUES

BEHAVIORAL HEALTH AND SERVICE INTEGRATION ADMINISTRATION

Mental Health Evaluation & Treatment



PROPOSED SOLUTION

The request is for funding to support evaluation and treatment and crisis diversion services necessary to comply with the Supreme Court's decision. All services will be developed and operational by the end of 2015. Additionally, this request is for 5.5 FTEs to support capacity development, contract oversight, single bed certification timely processing, data compilation and analysis, financial reporting, and reconciliation.

EXPECTED RESULTS

The budget request supports DSHS Goal number 1: Health – Each individual and each community will be healthy. It also supports DSHS goal number 2 Safety – Each individual and each community will be safe.

The decision package is essential to the State's compliance with the Supreme Court mandate in D.W. v DSHS.

This request supports the Results Washington goal to have healthy and safe communities.

Measurement: Single bed certification requests will be reduced by 75%. By January 1, 2015, 0 single bed certifications will be approved based solely upon lack of capacity of evaluation and treatment services.

STAKEHOLDER IMPACT

There are widespread concerns about shortages of inpatient psychiatric beds or crisis diversion services. We expect that the proposal will have support from the Association of Counties, Washington State Hospital Association, the National Alliance on Mental Illness and others.



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