



January 13, 2017

The Honorable Jay Inslee
Office of the Governor
Legislative Building, Room 201
Olympia, Washington 98504

Dear Governor Inslee:

The Select Committee on Quality Improvement in State Hospitals (Select Committee) has held several meetings during the 2016 session and had a variety of informative presentations related to the state hospitals and the community mental health system at large. The work of the Select Committee is being informed by consultant reports that contain a great deal of information. These reports were only completed in December and it will take some time for members to process all of the information and data being provided in these reports.

As Legislative members of the Select Committee, we believe there is enough information available to create a working document that may serve as a framework for future work in this area. While not representing a commitment on behalf of individual members to take particular position on any specific policy proposals which arise, what follows are preliminary findings and recommendations which express the sense of the undersigned Select Committee members, based on the information that has been reviewed to date.

Preliminary Findings:

- The state hospitals exist within a continuum of care.
- Significant numbers of civil patients at the state hospitals have delays in discharge due to a lack of community resources.
- There is a significant wait list for people requiring long term inpatient services at the state hospitals.
- There is a growing demand for forensic evaluation and restoration services and the department is not meeting the timeframes established by the federal court for these services in all cases.
- Financial incentives among the different entities providing care to the populations served by the state hospitals need to be better aligned and accountability measures need to be improved.
- Individuals who require long term civil inpatient treatment will experience stronger recovery if they are served in their local communities where they can remain connected with family, friends, community treatment networks, and local resources.
- Federal dollars through the state's Disproportionate Share Hospital grant are scheduled to be periodically reduced which will impact the state budget.
- Opportunities for federal funding should be considered in any and all processes to evaluate and plan for structural changes in the behavioral health system.

- State Hospitals must be held to high standards, not just the minimum standards necessary to satisfy federal requirements.
- Collaboration by staff and administration is required to achieve best outcomes.
- Discharge processes at the state hospitals should be standardized to achieve policy-driven outcomes.
- Protocols and patient outcomes must be reviewed and measured to ensure alignment with mission, which must include making the patients well, or as well as their condition will allow.
- It is imperative to address workforce needs and culture at the state hospitals.
- The shortage in the behavioral health workforce must be addressed to ensure there are trained and qualified providers available to meet the needs of Washington residents.
- Ongoing collaboration with community leaders, courts, law enforcement, behavioral health providers, managed care organizations, and health plans is necessary to achieve desired outcomes and create the buy-in and realistic goal setting needed for system change.
- State hospital employees should be cross-trained to be prepared to fulfill coverage expectations created by vacant positions at the state hospitals.

Preliminary Recommendations

1. Capacity at the state hospitals should be prioritized for forensic patients. The state should assess whether the current facilities provide adequate regional access for these services.
2. The state should move towards creating capacity for long term psychiatric inpatient care in community settings. Attention must be paid to not closing current civil treatment capacity until adequate alternatives are available.
3. Civil commitment beds remaining at the state hospitals should be prioritized for highest risk patients and those with the most complex needs.
4. Treatment of patients at the state hospitals and in community settings should be outcome-based with ongoing assessment of patient outcomes in these facilities.
5. The state should consider whether long term psychiatric inpatient care in community settings should be state operated, privately run, or use a hybrid model. The state should base its decisions on quality of care, patient outcomes achieved, cost, and availability.
6. Diversion strategies must be explored and integrated into crisis response, police practices, and preventive care to reduce the demand for long-term civil and forensic inpatient services.
7. The state should pursue, with community input, the recommended development of a model or models that would transfer future financial risk for long-term treatment needs to managed care providers. Payment methodologies must be streamlined so that responsibility for care, outcome, and payment are better aligned, including an increased role for managed care providers to control inpatient utilization.
8. The state should move to adopt an acuity-based staffing model at the state hospitals informed by the model recommended by OTB, with modifications based on input from state hospital administrators and Legislative appropriations. State agencies should provide a comparative analysis which identifies differences between recommended staffing levels, current practices, and staffing proposed under the Governor's budget.
9. While not intended to be a complete list, the Select Committee should explore the following questions over the next year:
 - Is there a need to revise statutes related to involuntary detention and court ordered commitments?

- What is the gap between the current federal standards for the state hospitals and state standards for community psychiatric hospitals? Would there be benefit tied to making a change in this area?
- How is behavioral health data shared with local government and housing resources, and can this be improved?
- Are there additional outcome measures that can be added to the performance measure and outcome reports to address positive outcomes such as increased employment, abstinence from unprescribed drugs, etc.?

We hope you will consider these recommendations as they relate to state hospital oversight and the development of future policies. We look forward to continuing our work as a Select Committee in 2017 and our ongoing collaboration you and your staff on issues of behavioral health system reform.

Sincerely,



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