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Add state hospital beds, or cut them?

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A shortage of beds for mental patients has reached “crisis” levels in Washington, the state Department of Social and Health Services said last week.

Yet less than a month ago, DSHS floated the idea of eliminating 60 beds at Western State Hospital in Lakewood.

The goal: to free up money for safety improvements.

The agency told unions and others that its proposal to close two geriatric wards at the psychiatric hospital would be more than offset by plans the Legislature recently funded for beds at in-home facilities, nursing homes and assisted living centers.

Now, mounting pressure to add beds rather than subtract them might shift the agency’s thinking.

“I don’t know if that plan makes sense any more,” Ron Adler, CEO of Western State, said Thursday.

Earlier that day, a unanimous Washington State Supreme Court ordered the state to stop parking patients in local emergency rooms, a practice known as “psychiatric boarding.” The practice has become commonplace because of Washington’s shortage of space.

Washington ranks near the bottom of states in its number of psychiatric beds by population, partly because of budget cuts by the Legislature.

Patients who are involuntarily committed for mental illness are supposed to go to state hospitals or other certified treatment facilities. But the waiting list for Western State beds has stood at 30 people or even higher. They end up waiting in emergency rooms without proper treatment for their mental illness.

DSHS says there’s a way to free up space. Patients with dementia or another “cognitive deficit” would be better served being out of a mental hospital and in “the community” — in residential settings.

The agency is trying to discharge such patients more quickly and make sure they have support after they are out.

The Legislature spent money on community beds. Then DSHS proposed closing two wards for elderly patients.

Apart from the high court decision, Adler said, another factor was forcing re-evaluation of that proposal: the growing list of jail inmates and other criminal suspects waiting for a Western State bed.

That waiting list is more than 100 patients long. Accused of crimes, they are awaiting either an in-hospital evaluation to determine whether they are competent for trial, or, more commonly, treatment to restore them to competency.

Western State needs about 10 extra beds immediately to reduce that list, Adler said.

Efforts to hasten discharge of certain involuntarily committed patients will help, he said.

Discharges cause a cascading effect: Moving those patients out frees up space for patients who can't be restored to competency for trial. That, in turn, frees up space for new patients being evaluated and restored to competency.

The potential reversal of the plan to close wards also comes after pushback from unions.

Criticism came from employees with the local branches of the Service Employees International Union, led by registered nurse Paul Vilja, and the Washington Federation of State Employees, led by institutional counselor James Robinson.

"It does not make sense that they want to reduce beds and close wards ... at the same time they have over 90 to 100 patients waiting in the counties to come in for evaluation," Robinson said.

A DSHS deputy assistant secretary, Victoria Roberts, said the agency still believes some patients at Western State would be better off in community settings.

"Having said that," Roberts said, "if those folks are moved to the community, it might be we end up redeploying those beds sooner than intended to address this (boarding) crisis, and also the need for more forensic beds to address competency restoration."

That could leave DSHS without a way to pay for the safety measures it wants to enact, which the bed reduction was intended to fund.

Its proposal did not cite a dollar figure for the safety measures, which include more training, new staff positions, a new psychiatric intensive care unit for the most dangerous patients, an expansion of floating emergency-response teams at Western State and the creation of the such teams at Eastern State Hospital near Spokane.

DSHS said the existing response team is partly responsible for safety improvements that have reduced the need to physically restrain and separate patients at Western State.

Restraints and seclusions have dropped in recent months, although the unions and the administration don't entirely agree about the causes.

"We have been making remarkable progress at making Western State Hospital a safer place to work for our employees, a safer place to receive treatment for our patients," Adler said.

An advocate for mental health care said she supports the safety measures but not the ward closures to fund them.

"I'm surprised that they would even have suggested such a thing," said Sandi Ando, a local representative of the National Alliance on Mental Illness, "but I'm glad to hear that they're thinking maybe a little more clearly."

DSHS had said in its proposal that no wards would close before January 2015.

A lawmaker responsible for the state human-services budget told DSHS its plan should wait until the Legislature returns to Olympia for a new session starting in January.

"I would recommend that proposed reductions in capacity at the state hospitals, along with the proposed investments at the state hospitals and in the community, be brought forward for vetting through the formal budget process," state Rep. Dawn Morrell, D-Puyallup, said in an email to DSHS.

All this is separate from an exercise to show Gov. Jay Inslee how agencies would cut their budgets by 15 percent if needed to meet a mandate to fund schools. Adler said that unlikely scenario could involve closing four wards or about 120 beds.

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