

New rules for hospital 'boarding' of psychiatric patients

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SEATTLE (AP) - Washington's Department of Social and Health Services said it complied with a Friday deadline set by the state Supreme Court to stop "warehousing" mentally ill people in emergency rooms and hospitals just because certified treatment facilities are already full.

"We are meeting the Supreme Court's decision," said Jane Beyer, the department's assistant secretary.

The state's involuntary treatment act allows counties to briefly detain people who present an imminent risk of harm for the purpose of evaluation and treatment.

But without an adequate number of beds available in certified facilities, the state had been keeping people in regular hospitals or emergency rooms without treatment while waiting for space to open up. The average length of such stays was about three days, according to the state.

The high court struck down that practice, called "psychiatric boarding," in August. It gave the state until Friday to comply.

In response to the ruling, Gov. Jay Inslee authorized the spending of as much as \$30 million, and Washington added 140 evaluation and treatment beds to its mental health system in private psychiatric hospitals, community hospitals, and freestanding evaluation and treatment facilities.

Thanks to those additional beds, as well as work by "regional support networks" responsible for local planning for inpatient psychiatric care, as of last week only three patients statewide were being "boarded" because of a lack of beds in certified facilities, the department said. That was down from 47 in October and 36 in November.

Inslee has also included an additional outlay of more than \$37 million in his two-year budget proposal to address the issue, sustaining the increased number of treatment beds and opening a 30-bed civil ward at Western State Hospital.

"Today marks a really big day in mental health," said Chelene Whiteaker, policy director at the Washington State Hospital Association, which sided with a group of Pierce County patients who sued over the practice. "We were pleased with the court's decision, and we've been really impressed with DSHS and the governor's office in their response."

That said, she noted, many of the beds that have been added to the mental health system have been in the Puget Sound region, and it remains to be seen whether there's enough capacity in rural areas - an issue the department says it's working on.

As of Friday, the state could no longer approve the placement of patients at noncertified facilities just because there was no space at certified ones. Psychiatric patients, however, can continue to be held involuntarily at noncertified facilities under certain conditions, such as if they have a complex medical problem that also requires treatment, or if they're getting the psychiatric care they need while at the hospital.

Under rules that took effect Friday, noncertified hospitals that offer a bed for a psychiatric patient must state that they're willing and able to care for the patient, set up a mental health treatment plan and provide a mental health professional to see the patient daily.

Mike De Felice, who oversees the King County public defense team at the civil commitment court in Seattle, said those were positive developments. But he nevertheless worries that increasing the number of beds in the system will cause problems in the long run.

"Once these beds are up and running, they're going to want to keep them filled," he said. "The trend has to be not to detain more and more people in the involuntary court system. It's got to be to come up with creative ways to avoid people coming into this court."

He pointed optimistically to the work of a task force of local and state mental health officials, prosecutors and defense attorneys that has been trying to do just that. Among the ideas under consideration are training police and social workers to look for alternatives to inpatient treatment, such as crisis-diversion centers, and setting up teams to respond to families facing a mental health crisis, to intervene and direct people into voluntary treatment before involuntary treatment is required.

Beyer said her agency agrees and has pushed for funding for such teams. "We don't want to have a system that gets people services only when they're involuntarily committed," she said.