

State officially ends ‘psychiatric boarding’

By Sean Robinson

Staff writer
The Olympian
December 26, 2014

As of Friday, psychiatric boarding is dead in Washington.

It’s dead because of a deadline set by the state Supreme Court — official words on official paper. For people with mental illness in Washington and Pierce County, it’s a late Christmas gift: they can’t be held in hospital emergency departments against their will without treatment.

The high court [banned boarding](#) in August after a series of court battles that began in [Pierce County](#) in early 2013. Thousands of involuntarily committed patients were languishing in hospitals due to overcrowding in state-certified mental health facilities ravaged by budget cuts.

The court’s action forced a statewide response; Governor Jay Inslee’s budget proposal for the upcoming biennium seeks funding for 30 additional beds at Western State Hospital. The state Department of Social and Health Services, which oversees the state mental-health system, also responded. Thanks to an infusion of additional funding, 140 evaluation and treatment beds have been added to the state’s mental health system, said DSHS assistant secretary Jane Beyer. As of last week, only three patients statewide were being boarded because of a lack of beds in certified facilities — down from 36 in November.

In Pierce County, the effect is profound. The boarding crisis reversed the trend of reduced treatment space for patients. A year ago, the county’s mental-health system relied on an inventory of 32 beds for short-term involuntary treatment and 16 more for crisis intervention.

As of Friday, the number of local certified beds had reached 64. OptumHealth, the private entity that oversees local mental-health services, has opened two new 16-bed evaluation and treatment centers. The first, in downtown Tacoma, opened Oct. 3. The second, on the grounds of Western State, opened Dec. 8.

“I think it’s a good investment,” said Cheri Dolezal, Optum’s executive director. “As long as we have enough money to support it, and making sure that we’re constantly hitting our outcomes. The challenge is going to be, are we going to be able to maintain them.”

The new Optum facilities double the number of treatment centers and certified beds in Pierce County — four centers, 64 beds. A fifth facility in Fife provides 16 beds for crisis intervention, a different type of service.

Another potential source of long-term relief could come from a proposed [120-bed psychiatric hospital](#) in Tacoma. The joint venture, a partnership between the MultiCare and CHI Franciscan Health systems, was announced two weeks ago. If approved by the state, it would open in three years, and offer psychiatric treatment services to voluntary and involuntary patients.

The surge of potential private treatment options stems from a provision in the Affordable Care Act that allows the state to take advantage of matching federal Medicaid funds along with state funding.

“It’s all about the waiver and the ability to use Medicaid beds,” Dolezal said.

While the prospect of additional local and state beds aims at halting the boarding crisis, workers at Western State say state lawmakers can’t open more beds without adding staff to cover the duties associated with serving patients.

“We’re understaffed,” said Erika Springer, a registered nurse at Western State who works with geriatric patients. “It’s a chronic issue that they’re trying to address. But without more funding there’s nothing we can do.”

Springer said she’s seen an increase in patient admissions at the hospital; some are patients with histories of violence, admitted on the forensic (criminal) side, and transferred to the less-secure civil side, where they can be discharged to the community more swiftly.

The discharges are intended to open beds for incoming patients, but Springer said she and other staffers worry that the system is moving too fast for the patients who may not be ready.

“That’s one of the concerns we have. That sometimes we’re acting too quickly,” she said.

The balance between inpatient and outpatient treatment is a running theme in mental-health policy; determining which involuntary patients need long-term treatment versus those who can function in the community is an elusive formula.

Barry Westbrook sees the issue play in real time in King County. He’s a case manager who works for the Downtown Emergency Center in Seattle, a mobile mental-health crisis unit that provides care to people with mental illness facing potential involuntary commitment.

He applauds the boarding ban, but he also hopes state and local leaders focus on outpatient treatment to reduce the flow of patients into jails and hospitals.

“It’s great that they did that — very hopeful for the people who are boarded and kept in the hallways,” he said. “And it’s good that the governor is funding inpatient services, but there’s also outpatient services that help prevent people from needing inpatient services.”

Dolezal, Optum’s leader, sounds the same note of caution. Inpatient beds help, and some people need them, she said; but prevention and early intervention is another key component. The ultimate goal is helping people recover.

“My philosophy has always been what can we do for a short stay,” she said. “That’s where we need to be — not just completely build beds, beds, beds. It’s not just one thing that’s going to help your community. It’s a combination. You have to be really flexible.”

Sean Robinson: 253-597-8486 sean.robinson@thenewstribune.com
[@seanrobinsonTNT](https://www.instagram.com/seanrobinsonTNT)