STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Behavioral Health and Service Integration Administration
PO Box 45050, Olympia, WA 98504-5050

July 17, 2014

Greg Devereux, Executive Director
Washington Federation of State Employees
1212 Jefferson Street SE, Suite 300
Olympia, WA 98501

Diane Sosne, RN, MN, President
Service Employees International Union Healthcare 1199NW
15 South Grady Way, Suite 200
Renton, WA 98057

David Ward, President
Affiliated Washington Pharmacists
By Employer Email

Vasant Halarnaker, President
Union of Physicians of Washington
By Employer Email

Dear Subject: State Hospital Safety Ad Hoc Recommendations

Labor Partners:

Over the past several weeks Behavioral Health and Service Integration Administration has been evaluating the safety recommendations generated by the State Hospital Safety Ad Hoc Committee this spring. The committee thoughtfully and collaboratively provided recommendations that have potential to significantly increase safety at the state hospitals for both patients and our employees.

A challenge in evaluating how the recommendations might be implemented remains that current budgets are operating in the red and additional resources are likely scarce. The recommendations bear costs and there is necessity to find a way to implement the recommendations in a way that is as hospital budget neutral as possible.

Attached please find a list of ideas under consideration by BHSIA in response to the Ad Hoc Safety Committee's recommendation. These ideas will benefit from input from stakeholders including you, our labor partners representing our employees, our community partners, and our legislators. Your feedback about these ideas would be most welcome. If you would like to meet to discuss these ideas, please contact my office by August 8, 2014.

Please accept my commitment to you that I will send you timely and specific mandatory subjects notices as appropriate when safety enhancement initiatives are finalized so that your union may negotiate impacts if desired.

If you have questions or I can assist you otherwise, please contact me at 360-725-3715.

Sincerely,

Victoria Roberts
Deputy Assistant Secretary

cc Jane Beyer, Assistant Secretary, Behavioral Health and Service Integration Administration
Ron Adler, Chief Executive Officer, WSH
Dorothy Sawyer, Chief Executive Officer, ESH
Rick Mehlman, Chief Executive Officer, CSTC
David Stewart, Senior Director, Human Resources
Laura Wulf, Assistant Human Resources Director, Human Resources
Lori Manning, Human Resources Administrator, Region 3
Peggy Nelson, Human Resources Manager, WSH
Kelly Rupert, Labor Relations Specialist, WSH
Sean Dannen, Council Representative, WFSE
James Robinson, Local President, WFSE
Margaret Cary, General Counsel, SEIU
Paul Vilja, Chief Delegate, SEIU
Rhonda Fenrich, Representative, UPW and AWP
DSHS Labor Relations
OFM Labor Relations

July 15, 2014
Olympia, Washington

State Hospital Safety and Enhanced Community Treatment Proposal

Purpose:
The Department of Social and Health Services (DSHS) is seeking your review and input on a proposal to increase staff and patient safety in state hospitals, help individuals successfully transition to supportive community settings that improve their quality of life, and live within the state hospital budget for State Fiscal Year 2015. DSHS is now seeking legislative review and input from our labor partners, RSNs and other stakeholders.

Please review the following proposal and send feedback by August 8, 2014 to Carla Reyes, Executive Policy Analyst at reyescm@dshs.wa.gov. DSHS will review your comments, in consultation with the Governor's Office and the Office of Financial Management, and provide you an update on our anticipated course of action, once final decisions have been made.

Background:
Maintaining a safe environment in Washington's state psychiatric hospitals is a top priority for the Department of Social and Health Services (DSHS). Despite current and future budget challenges, it is critical that we continue to implement sustainable safety improvements for staff and patients served in our hospitals. An Ad Hoc Safety Committee (made up of representatives from labor organizations and management from all three hospitals) was convened in 2013 to evaluate and recommend ways to increase safety for staff and patients in state hospitals. Their recommendations were presented on May 7, 2014.

Further, more than sixty individuals with personal care and complicated cognitive or behavioral support needs currently reside in the state hospitals. Due to their cognitive conditions, they can no longer benefit from active inpatient psychiatric treatment even though they have a mental health diagnosis. For example, this could include adults of various ages with dementia or traumatic brain injury, who are diagnosed with a bipolar disorder. State Hospitals admit an average of three people each month who are in a similar situation. With proper supports they can be diverted from inpatient psychiatric care and served in less restrictive community settings, improving liberty and quality of life. Federal Medicaid matching funds will become available for many of these patients when they move from the hospital into community settings. Working with our community partners, DSHS can find community placements that will better serve the needs of these individuals while maximizing federal funding.

DSHS evaluated ways to address these critical needs and developed the following proposal. It represents our best thinking about how we can honor our commitment to increasing staff and patient safety in state hospitals, help individuals successfully transition to supportive community settings that improve their quality of life and live within the state hospital budget for State Fiscal Year 2015. DSHS is now in the final stages of this work which includes legislative review and seeking labor partner, RSN and other stakeholder input.

The Proposal:

1. **Establish a Psychiatric Emergency Response Team (PERT) at Eastern State Hospital (ESH) and add an additional PERT team for civil commitment patient wards at Western State Hospital (WSH):**
   PERT teams engage with patients who are in need of intensive intervention. Rather than keeping (or putting) a patient in seclusion or restraint, PERT team members therapeutically engage with the patient using de-escalation techniques and other clinical skills. PERT team members also remain in ward milieus actively engaging patients, providing support to staff, watching for warning signs of violence and preventing dangerous events before they begin. We anticipate these new teams could be operational by March 1, 2015.

2. **Provide staffing coverage to ensure all staff receive mandatory training:**
   The Ad Hoc Safety Committee also recommended enhanced staff training. Training on how to reduce violence and work effectively in a psychiatric hospital setting is critical to keeping staff safe and providing

patients with appropriate care. Staff may not receive the training they need because there isn't anyone available to relieve them from the ward. We anticipate a training coverage proposal could be developed and operational by March 1, 2015.

3. **Create an As-Needed Psychiatric Intensive Care Unit (PICU) to serve the critical care needs for patients from across the state at WSH:**
   As recommended by the Ad Hoc Safety Committee, the purpose of a PICU is to stabilize, assess and design a course of treatment for patients who pose an extraordinary risk of harm. The goal of a PICU is to enable patients to return to mainstream treatment with the necessary skills and supports in place to enhance safety for all and recovery of the patient.

4. **Establish 5 state hospital safety-related support positions:**
   This element of the proposal would establish key safety-related support positions that are currently absent in the state hospital structure. This includes a Collaborative Quality Improvement Partnership (CQIP) Manager, Data/Quality Assurance, Safety/Compliance, a WSH Compliance Officer, and an ESH Security Director. The department would like to establish these critical positions by March 1, 2015.

Implementation of the above safety enhancements and better connecting patients to the right care setting in a state hospital budget-neutral manner will require successful transition of patients currently in the hospital or at risk of hospital placement to a more appropriate community setting. We propose:

5. **Identify community placements for state hospital patients who, by reason of dementia or other cognitive deficit, would be better served in the community:**
   With the support of the Legislature, the Aging and Long-Term Support Administration (ALTSA) has been developing new service models for individuals with needs for assistance with both personal care and supports to manage challenging behaviors and is ready to offer them pending final approval from CMS. These new models offer enhanced staffing and behavioral supports, both of which are necessary to serve this population. The 2013 Legislature funded a new licensed residential setting, the Enhanced Services Facility (ESF), to support the most difficult to serve individuals who are not fully benefitting from active treatment in the state psychiatric hospitals. Adult Family Home (AFH) Specialized Behavior Supports contracts was also funded, which allows enhanced rates to be paid to AFHs for clients transitioning from psychiatric hospitals to support higher staffing levels and professional support.

   Key to the success of these programs is strong support for transitions, including providing mental health treatment when needed and 24/7 response to clients and providers at times of behavior escalation. BHSIA, ALTSA, Regional Support Networks and the state hospitals began meeting in June 2014 to establish a strong, coordinated diversion, discharge and ongoing care plan protocol that includes these critical community care supports.

6. **Re-Distribute the Resources from two Western State Hospital (WSH) Geriatric Wards:**
   We anticipate that successful development of community resources will reduce the need for long-term hospital placements and allow us to re-distribute resources from two geriatric wards to support the implementation of PERT teams, staff training support, centralized safety-related positions and the As-Needed PICU. While this proposal would result in the closure of 60 hospital beds, it will create a net increase in community beds. We do not anticipate any ward would close prior to January 2015.
   We are dedicated to implementing this in a way that does not result in people losing employment. We strongly believe it can be done given normal attrition plus staffing needed to backfill training. We will work with labor partners to transition staff in accordance with the Collective Bargaining Agreement.