



Behavioral Health: WSHA's 10-Point Plan

Providing a path to solutions

WSHA and community behavioral health providers have been strong advocates for enhanced and expanded behavioral health services in the community. This issue is of paramount importance and affects all residents in Washington State.

Over the past five years, WSHA has made significant progress advocating on behavioral health (mental health and substance use disorders) through increased funding and policy successes. Today, patients benefit from stronger community partnerships that integrate services and expand preventative models such as school-based mental health care.

Our top highlights of WSHA's successes include:

- **Secured Medicaid payment for the collaborative care consultative model** delivered in primary care.
- **Led advocacy for the telemedicine law** that requires payment for services delivered through audio and video.
- **Secured the Medicaid psychiatric payment rate fix** for new services and increased funding for the lowest-paid hospitals.
- Through the Safety Net Assessment, **funded an integrated residency training program** to train psychiatrists how to effectively work in integrated care environments.
- Building on a more narrow previous exemption, **secured exemption from Certificate of Need law for psychiatric beds** from 2017–2019.
- Worked with Washington Rural Health Access Preservation project **hospitals to educate and promote integrated behavioral health in primary care.**
- **Advocated for common sense regulations for single bed certifications** in the aftermath of the Washington State Supreme Court decision *In re Detention of D.W.*
- **Defended the mental health parity law** from efforts to weaken our state's protections for patients.

We applaud the legislature for the recent investments in these areas, especially capital infrastructure, but more is needed to build a coordinated, patient-centered continuum of care.

With the recent interest in serving patients on long-term mental health commitments (90/180-day treatment) in the community and not in state hospitals, we strongly believe the gaps in the current system must be addressed before any changes can be successful.

Moving to a 21st Century System: Foundational Needs

Hospitals experience the challenges of treating patients who fall into the gaps of the behavioral health need. The boarding of psychiatric patients and the inability to find immediate and appropriate care after an emergency department or inpatient admission remain a significant concern. While our state has high-quality inpatient and outpatient services, there are several missing links that can help patients stabilize and recover more quickly.

The state should appropriately address challenges and funding for the full continuum of services needed. In the near term, the state should not close Western nor Eastern State Hospital before ensuring civil patients have treatment facilities that are open and have adequate capacity as well as appropriate treatment plans, programming and staff to care for long-term patients.

The continuum needed includes prevention, treatment in a variety of settings with a wide range of options for sites of care, and adequate placements for those with ongoing chronic needs.

WSHA's 10-Point Plan

Solutions to behavioral health will require significant new funding and regulatory resources, and an unwavering commitment by the legislature, state agencies and community providers. WSHA is poised to partner with the state legislature and federal government to build a comprehensive system of behavioral health care by 2025–2027.

WSHA proposes starting with the following elements:

1

Renew the Certificate of Need (CON) exemption for new hospital psychiatric beds in hospitals licensed by Department of Health. Currently, the CON exemption passed in 2017 expires in June 2019.

2

Fund hospital mental health partial hospitalization and intensive outpatient treatment. Patients who are discharging from inpatient psychiatric treatment or a recent visit to an emergency room could greatly benefit from these intensive mental health programs. Ranging from three-to-eight hours a day for patients with significant mental health needs, these programs provide a bridge of stability for patients prior to transitioning to less-intensive outpatient care. Medicaid does not currently reimburse hospitals for these services, which has led to very low uptake.

3

Increase capital funds for psychiatric residential and enhanced services facilities. Some patients with more complex needs are not getting the care they need after being in a community hospital or at Western or Eastern State Hospital. There is a significant need for more investment in capital funds to build psychiatric residential facilities and enhanced services facilities. There will likely be a need for increased reimbursement rates to ensure an adequate number of participating providers. There is also the need to offer support through wrap-around services to those in the facilities.

4

Expand Medicaid supportive housing. Secure more Medicaid supportive housing slots for patients living with a mental illness.

5

Provide adequate funding for dementia/traumatic brain injury care. Inadequate long-term care payment rates for these populations means patients are living in community hospitals, as well as Western and Eastern State Hospital. The legislature should fund a rate increase to ensure patients have appropriate places of care.

6

Provide a sustainable payment rate for hospitals for patients on 90/180-day treatments. While the 2017–2019 budget provides funding for community providers to treat patients on 90- and 180-day holds, the payment rate continues to be

a challenge. This population is covered almost exclusively by Medicaid, which pays hospitals about 75 percent of the cost of care. This rate is not sustainable and should be fixed to encourage hospitals to provide services.

7

Address workforce needs. Hospitals and health systems face significant challenges in hiring the appropriate clinical staff, including psychiatrists, psychiatric ARNPs and nurses. We know these challenges are not unique to hospitals. Scope of practice changes should also be considered, including psychologist prescribing limited medications, ARNPs practicing at the state hospitals and fewer regulations for psychiatric nurses. A comprehensive action plan on workforce is necessary to ensure our state can hire staff to meet the needs of patients.

8

Build more secure detox facilities, fix the rate for complex patients, and encourage more voluntary substance use disorder services. Involuntary substance use disorder patients with medical complexities and severe alcohol withdrawal risks are not eligible for placement in current secure detox facilities. Continue to explore and incentivize delivery of Medication Assisted Treatment (MAT) and other substance use disorder services. Examples include: reimburse providers obtaining MAT certification and removal of prior authorization for behavioral health services.

9

Fund community behavioral health. During the recession, community mental health took significant cuts. While the legislature has restored some funding, challenges remain, especially around hiring and retraining staff.

10

Fix federal policy for Institutions of Mental Disease (IMD). Federal law restricts funding for facilities with more than 16 beds that predominantly provide behavioral health services. WSHA continues to advocate for fixing this longstanding problematic Medicaid policy.