Washington State Hospital Association

2021
POLICY BRIEF

Use Data to Improve Access to Inpatient Behavioral Health Treatment

Background

Despite recent investments, Washington's inpatient behavioral health system still cannot meet the existing demand of patients who experience a mental health or substance use disorder-related crisis—and we do not have a clear picture about where the demand lies. We know community hospitals increasingly provide involuntary inpatient treatment in far-from-ideal settings like emergency departments, through **Single Bed Certification (SBC), which is a stopgap measure that provides the bare minimum but is ultimately the wrong care, in the wrong setting, at the wrong time.**

Anecdotally, we know "SBC patients" often have "high acuity" due to medical conditions, developmental disabilities and behavioral issues *in addition to* acute behavioral health care needs. We know some certified evaluation and treatment facilities (E&Ts) – like psychiatric hospitals and residential E&Ts – are not structured to care for these more complex patients safely and appropriately. We also know policy decisions – like moving placement of involuntary patients on 90/180-day commitments from state hospitals to community hospitals and E&T facilities without a complete plan – have added tremendous downward pressure to the inpatient system overall. These patients stay in community beds for months at a time, leaving less room for patients with more acute illness.

There are policy proposals attempting to address SBC patients and improve the "transfer process," but there is little data behind them. Some county-specific reports provide some insight as to why patients cannot find a certified bed and get stuck on SBC, but the data is incomplete and involuntary treatment practices vary by county, region and facility type. In fact, there is little data behind these "known" gaps and capacity shortages in general. This means proposals are both under- and over-inclusive and they come with a high risk of unintended consequences—not just for Washington's inpatient behavioral health system, but the health care delivery system overall.

WSHA Position

WSHA strongly supports a data-first approach to system-wide changes for inpatient behavioral health, particularly for involuntary treatment, starting with an in-house, clinician-led, inpatient capacity data project. Data will be collected in 2021, with a report in time for 2022 solutions.

Key Messages

- System reform is necessary and urgent, but it cannot be designed by anecdote and assumption.
- The system does not function the way it needs to; the reasons why are complex and not well understood.
- A data-driven approach is needed to develop centralized and statewide policies governing the placement and transfer of patients requiring inpatient behavioral health treatment, namely involuntary care.

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- Not all involuntary treatment patients are alike. We must stop treating inpatient beds as though they are.
- We need a clear picture of where we are now before implementing broad changes. Otherwise, we risk adding a layer of complexity into a system that does not actually address the issues or improve people's access to care.

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