



In 2006, Washington's mental health care system received a D. Three years later, the state received a C. Modest improvements have occurred, but serious problems and gaps remain, compounded by looming budget cuts. Washington's reliance on autonomous regional service networks creates broad variations in availability and quality.

The state Department of Social and Health Services' Mental Health Division (MHD) is responsible for mental health services. MHD then contracts with 12 Regional Service Networks (RSNs) for community services. The RSNs contract with local mental health agencies. The MHD appears to lack authority to require specific services and doesn't track comprehensive service and outcome data across the state.

Inadequate funding is a major problem. In 2008, a 13th RSN in Pierce County refused to contract for services with state funds because the funds were insufficient to maintain—let alone expand—service levels.

In response, Governor Christine Gregoire has sought to invest in community-based services. The MHD also has exerted strong leadership in funding 10 Assertive Community Treatment (ACT) teams with fidelity to the national model. While 10 teams barely scratches the surface, it is an important step.

MHD is doing a good job improving safety and reducing restraints and seclusions in its two state psychiatric hospitals, particularly at Eastern State Hospital near Spokane.

Washington has made modest progress on jail diversion and community reentry. Legislation from 2007 aims to facilitate local diversion of individuals charged with misdemeanors. Legislation is pending to suspend, rather than terminate, Medicaid benefits for individuals incarcerated for under a year.

MHD has made a strong commitment to empowering consumers through an office of consumer partnerships, a statewide consumer council, and a peer counselor training and certification program.

Still, major problems abound. Services for individuals most at risk are almost entirely lacking in many parts of the state. MHD admits this significant shortage of acute care facilities, due to state hospital reductions and closures of general hospital psychiatric treatment units.

Washington never fully recovered from 2004's loss of \$82 million in federal Medicaid funds, due to tightening of federal rules. Like other states, it faces a significant budget deficit which will likely get worse before it improves.

Innovations

- ACT programs with strong adherence to fidelity standards
- Reductions in seclusion and restraint in state hospitals
- Progress on jail diversion and community reentry

Urgent Needs

- Eliminate regional disparities in services
- Increase acute care treatment beds and crisis stabilization programs
- Fund services for uninsured individuals ineligible for Medicaid
- Fix problems with involuntary treatment laws

Consumer and Family Comments

- *"The cutbacks in service have adversely affected the community as a whole . . . Especially overwhelming the court and jail systems."*
- *"Peer counselors have started to become more and more available. That is huge for assisting keeping people out of crisis services."*
- *"If my son had gotten the care he needed the first time . . . he would have had a much better chance of recovery. It took three hospital stays before he received follow-up care . . . Now it is costing the state more by not addressing the problem the first time."*

Providing services for the non-Medicaid-eligible uninsured with serious mental illnesses is especially daunting.

A 2005 law authorized counties to impose a one-tenth of one percent sales tax on all purchases, to fund new mental health, chemical dependency, or therapeutic court services. Unfortunately, only eight of 31 counties have implemented the tax.

Recent high profile tragedies, involving murders committed by people with serious mental illnesses, have highlighted the state's involuntary treatment laws. In each case, the person with mental illness was not getting appropriate treatment. State law permits involuntary treatment for people who meet the criteria for "gravely disabled," but this is narrowly interpreted. Families, often best-positioned to see an impending crisis, cannot petition for emergency treatment. In some areas, there are no beds for people under emergency commitment orders.

Washington is making progress, particularly in implementing ACT and other evidence-based practices. But progress cannot be sustained without adequate funding, and much work is still needed. The economic crisis makes the challenges more difficult, but not impossible to overcome.