Washington State Institute for Public Policy
110 Fifth Avenue SE, Suite 214 ● PO Box 40999 ● Olympia, WA 98504 ● 360.586.2677 ● www.wsipp.wa.gov

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Inpatient Psychiatric Capacity and Utilization in Washington State

Revised February 20, 2015 (see last page for details)

In 2014, the Washington State legislature directed the Washington State Institute for Public Policy (WSIPP) to "complete a comprehensive assessment of the utilization and capacity needs of crisis mental health services" and provide "an update to statewide utilization and capacity figures for evaluation and treatment facilities, inpatient psychiatric beds, and regional support network-funded crisis facilities." This assignment follows a 2011 WSIPP report that examined the impact of new provisions to Washington State's involuntary treatment act on psychiatric bed utilization.[1]

The involuntary treatment act (RCW 71.05) permits a trained Designated Mental Health Professional (DMHP) to assess and respond to individuals experiencing a mental health crisis. If the assessed individual has been determined to have a mental health disorder, and be gravely disabled, or if he or she presents a danger to himself or herself or others, then he or she may be involuntarily committed for inpatient psychiatric evaluation and treatment. An initial commitment may occur for a period of 72 hours, and be extended or modified by court order for up to 180 days.

Summary

In Washington State, individuals experiencing a mental health crisis may receive inpatient treatment from specialized freestanding facilities or from psychiatric care units in community hospitals. The 2014 Legislature directed the Washington State Institute for Public Policy (WSIPP) to provide the latest capacity and utilization figures for these facilities. This report details the historical and current availability of psychiatric treatment beds. Our examination includes the following findings:

- Our analysis of national survey data shows that Washington has one of the highest prevalence rates for adults with mental health disorders in the country.
- In 2011, Washington State ranked nearly last among all states in the total number of psychiatric beds available per person.
- In Washington, nearly all hospitals providing adult psychiatric care had daily occupancy rates exceeding 80% in 2013. By comparison, the occupancy rate in community hospitals in the US is 64%.

In 2014-15, 48 adult beds were added in freestanding evaluation and treatment centers and 176 adult beds were added in psychiatric units in community hospitals. Future research by WSIPP will assess changes in utilization levels based on these new treatment beds and report on outcomes for individuals receiving crisis mental health treatment.

[1] Burley, M. (2011). *How will 2010 changes to Washington's Involuntary Treatment Act impact inpatient treatment capacity?* (Doc. No. 11-07-3401). Olympia: Washington State Institute for Public Policy

Prior to 2015, if inpatient psychiatric beds were unavailable, involuntarily committed individuals may have been held, or "boarded," in hospital emergency departments until an available bed could be located. In August 2014, the state Supreme Court ruled against the practice of psychiatric boarding, stating that involuntarily committed persons had a right to timely and appropriate treatment.[2]

Our legislative study will examine outcomes (re-hospitalization, emergency department, and jail utilization) for adults receiving crisis mental health services and emergency psychiatric treatment. This report is the first in a series and includes an overview of Washington State's crisis and inpatient psychiatric care system. We present:

I. state-by-state information on inpatient psychiatric capacity and need;
II. current utilization and capacity statistics for crisis mental health and inpatient psychiatric facilities; and
III. recent capacity additions in 2014 and future bed openings.

This report includes the latest available data on psychiatric treatment capacity and utilization in Washington State. Reports examining outcomes for adults receiving these inpatient and crisis mental health services will be released in 2015 and 2016 (December).

[2] In re the Detention of D.W., et. al., No. 90110-4

I. Inpatient Psychiatric Bed Capacity—State Rankings

Using multiple sources of data, we found that in 2011, Washington State ranked near the bottom of all states in per capita availability of psychiatric beds. We examined several sources of national data comparing Washington with other states. About every five years, the American College of Emergency Physicians (ACEP) releases an annual "report card" which ranks the states on a number of measures, including access to emergency care, patient safety, medical liability, public health, and injury prevention.

The latest ACEP report includes state rankings for "psychiatric care beds per 100,000 population" based on an American Hospital Association survey. In 2011, Washington ranked 49th overall on this measure, with 8.3 beds available for every 100,000 residents (Exhibit 1 & 2).

The ACEP measure, however, is limited to psychiatric beds available in community hospitals. In Washington State, non-hospital Evaluation and Treatment Centers can also provide short-term residential psychiatric treatment.

To determine if the addition of these non-hospital facilities would change capacity rankings, we examined data from the 2010 National Mental Health Services Survey (N-MHSS). The N-MHSS is a survey of all known mental health treatment facilities in the nation conducted by the federal Substance Abuse and Mental Health Services Administration (SAMHSA). When all short-term mental health facilities were considered, Washington ranked 46th nationwide, with 9.1 beds per 100,000 residents (Exhibit 2—detail available in Appendix 1).

Exhibit 1

Psychiatric Beds per 100,000 Residents—2011 American Hospital Association Annual Survey

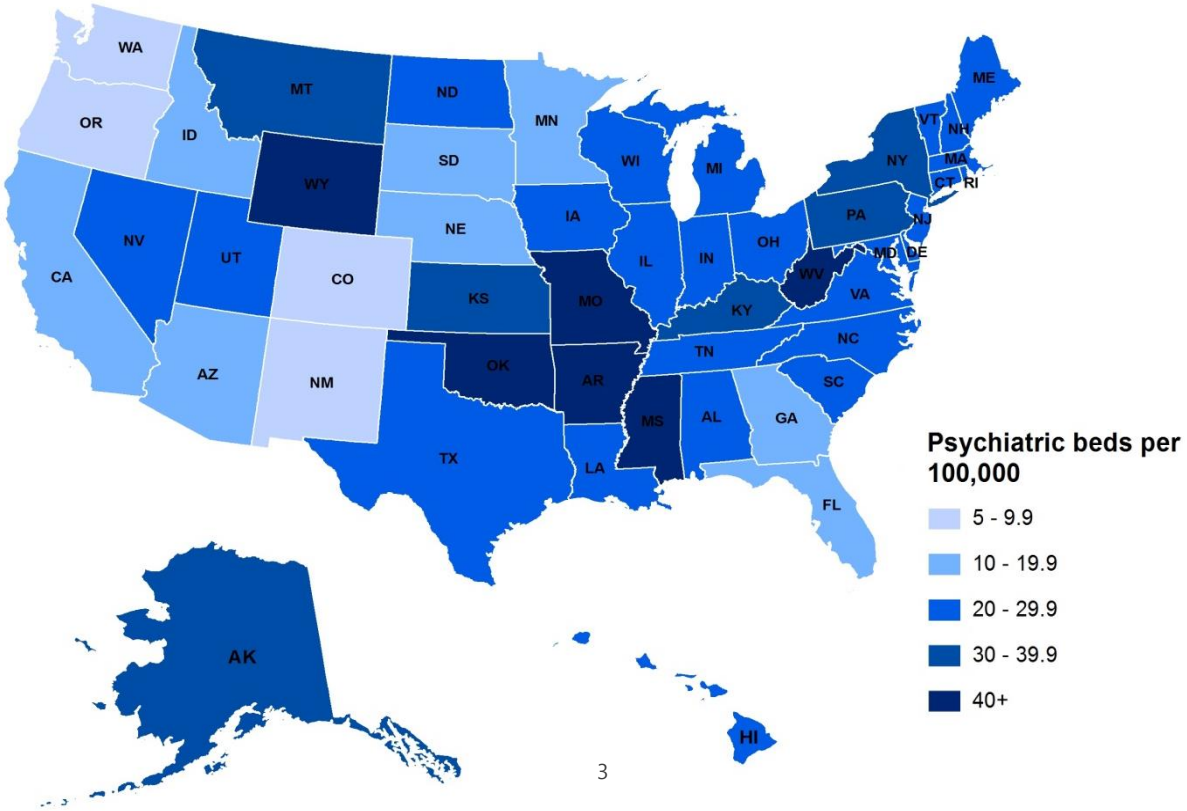
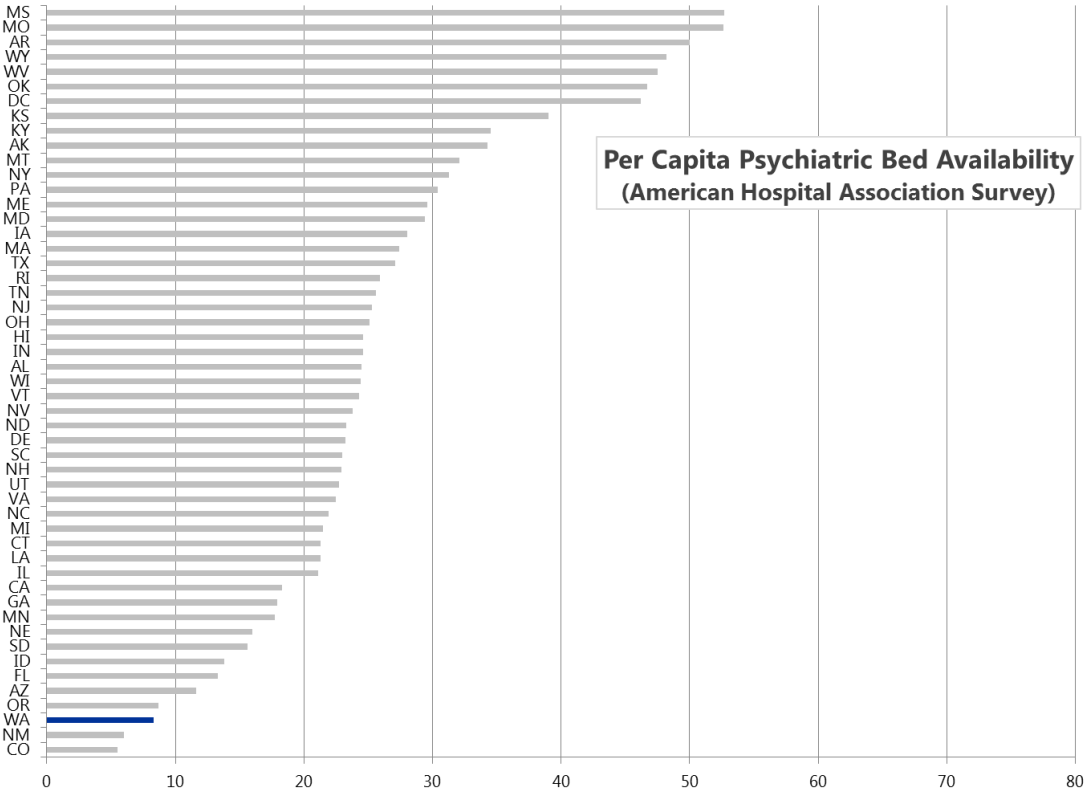
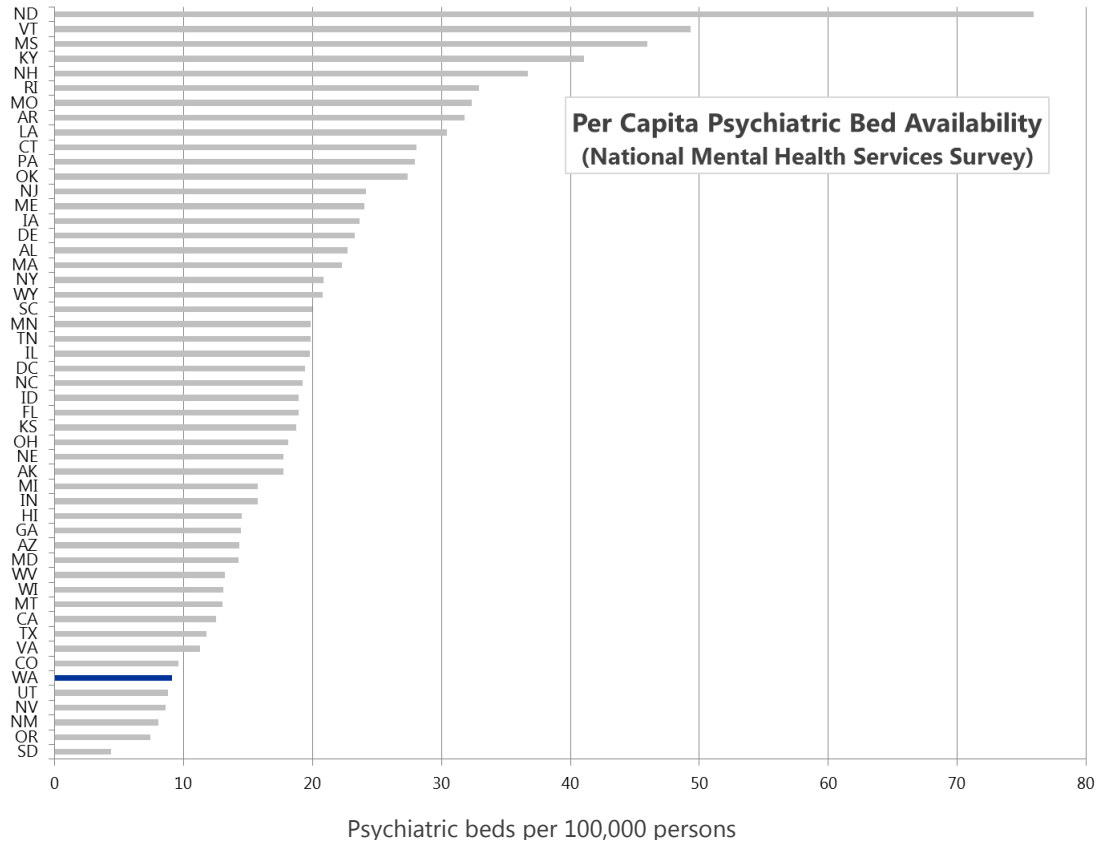


Exhibit 2

State Rankings from Two Surveys of Psychiatric Treatment Beds (2011)





In addition to examining the relative *supply* of psychiatric beds, we also looked at measures of *demand* for mental health treatment. We estimated the prevalence of individuals in need of service and analyzed utilization rates for inpatient hospital treatment.

We calculated prevalence estimates of the number of adults with mental health disorders from the National Survey on Drug Use and Health (NSDUH)—an in-person survey conducted every year by the Substance Abuse and Mental Health Service Administration (SAMHSA). The majority of NSDUH questions concern the use of alcohol, tobacco, and illegal drugs. In recent years, however, the survey has also collected data on mental illness.

The NSDUH survey includes a clinically validated measure of mental illness covering two populations. First, adults who experience a diagnosable mental health condition at some point during the past twelve months are included in the any mental illness category.[3] About 24% of adults in Washington State met criteria for a mental health disorder (such as depression, schizophrenia, or bipolar disorder) in the most recent NSDUH survey (2010-11).

It is important to note that diagnosable mental health conditions may or may not interfere with daily functioning. The second group includes approximately 7% of adults in Washington that met criteria for serious mental illness. This category includes those adults with a diagnosed condition that, "substantially interfered with or limited one or more major life activities."[4] As Exhibit 3 shows, Washington ranks among the top three states in terms of the overall prevalence of adults with any mental illness or serious mental illness.

These prevalence rates, however, only serve as a starting point for gauging demand for treatment. Utilization rates also play a role in assessing the need for treatment. Questions on the NSDUH survey cover the use of different types of mental health care including prescriptions, outpatient treatment, and inpatient hospitalizations.

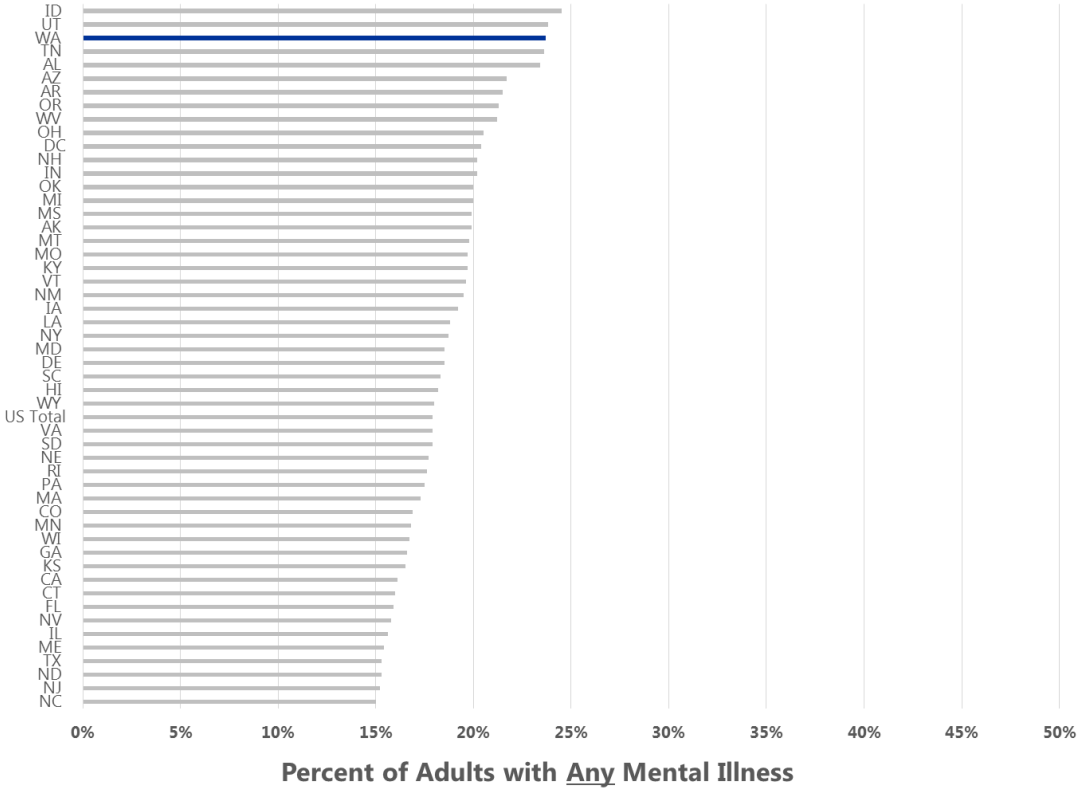
For this analysis, we examined the percentage of adults with any mental illness that received inpatient treatment in the last year. Exhibit 4 includes an estimate of the inpatient treatment rate by state from the 2010-11 NSDUH survey. Given limitations in the survey sample size, reliable estimates could only be constructed for populations in 30 states. Inpatient utilization in Washington was among the lowest of sampled states: 1.5% of Washington adults with a diagnosable mental health condition received inpatient psychiatric care in the last 12 months, compared with 2.9% in all other states.

[3] Definition of any mental illness includes a "diagnosable mental, behavioral, or emotional disorder, other than a substance use disorder, that met the criteria found in the 4th edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)."

[4] See Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality. (November 19, 2013). *The NSDUH Report: Revised Estimates of Mental Illness from the National Survey on Drug Use and Health*. Rockville, MD http://www.samhsa.gov/data/sites/default/files/NSDUH148/NSDUH148/sr148-mental-illness-estimates.htm

Exhibit 3

State Rankings—Adult Prevalence of Mental Illness (2010-11)



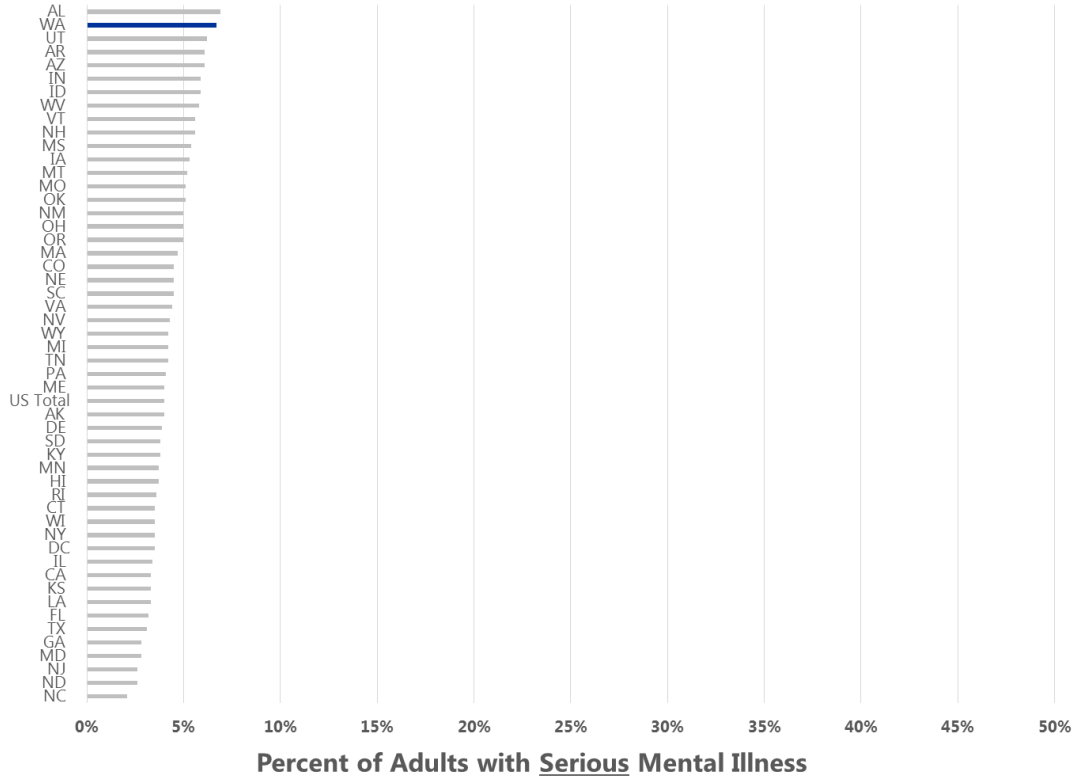


Exhibit 4

Inpatient Psychiatric Hospitalization Rate among Adults with Mental Health Diagnosis by State

State	Adults with any mental illness (1,000s)	Percent with inpatient hospitalization
New York	2,794	4.9%
Minnesota	669	4.6%
Pennsylvania	1,702	4.4%
Tennessee	1,129	4.2%
North Carolina	1,059	3.8%
Utah	456	3.5%
Indiana	969	3.4%
Georgia	1,182	3.4%
Florida	2,299	3.2%
Ohio	1,778	3.2%
Maryland	803	3.0%
California	4,426	2.9%
Colorado	638	2.7%
Missouri	884	2.6%
Massachusetts	882	2.5%
Illinois	1,496	2.5%
Texas	2,742	2.4%
Michigan	1,499	2.3%
Alabama	833	2.0%
Oklahoma	549	2.0%
Arkansas	465	1.9%
Wisconsin	720	1.9%
New Jersey	1007	1.9%
Iowa	438	1.8%
Virginia	1065	1.6%
Oregon	628	1.6%
Washington	1,208	1.5%
Kentucky	641	1.4%
Arizona	1,039	1.3%
Louisiana	625	1.1%

Source: Substance Abuse and Mental Health Services Administration. Center for Behavioral Health Statistics and Quality. National Survey on Drug Use and Health: 2-Year R-DAS (2010 to 2011). ICPSR34482-v2. Ann Arbor, MI: Inter-university Consortium for Political and Social Research [distributor], 2014-06-25.

Many variables may influence the need for psychiatric inpatient care. For example, in Washington State, involuntary admissions represented about half of the 18,000 psychiatric hospitalizations in 2013. Laws concerning involuntary treatment may impact the demand for psychiatric hospital beds. Previous research completed by WSIPP found that the implementation of new broader legal standards for involuntary commitments would result in an increased demand for psychiatric treatment beds.

Federal health reform may also affect the number of individual seeking mental health treatment. With the full implementation of the Affordable Care Act (ACA), many previously uninsured individuals will gain coverage and could increase overall demand for mental health services.[5]

Finally, the effective use of crisis diversion and other community-based services may reduce or prevent the need for acute inpatient hospital care. A systematic review of research in this area found that crisis intervention can reduce repeat psychiatric hospitalizations and wider implementation of these efforts should be evaluated.[6]

The next section lists the type and location of mental health crisis services available in Washington State.

[5] Nearly half of respondents in the NSDUH survey with an unmet need for mental health care reported being able to afford the cost of care. See SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2010 and 2011. http://media.samhsa.gov/data/NSDUH/2k11MH_FindingsandDetTables/2K11MHDetTabs/NSDUH-MHDetTabsSect1peTabs43to45-2011.pdf

[6] Joy, C.B., Adams, C.E., & Rice, K. (2000). Crisis intervention for people with severe mental illnesses. The Cochrane Database of Systematic Reviews, 2.

II. Washington State Resources

This section describes available options for acute psychiatric care in Washington State. These facilities serve individuals needing stabilization and treatment.[7]

- Crisis Centers: designed for short-term (non-residential) stays aimed at quickly evaluating, diagnosing, and stabilizing acute mental health symptoms.
- Evaluation and Treatment Centers: 16-bed residential facilities that accept individuals without serious medical needs on a voluntary or involuntary basis.
- Inpatient Psychiatric Beds in Community Hospitals: typically include specialized units within a community acute care or psychiatric hospital that serve patients with diagnosed mental health conditions. Not all of these hospitals are certified to accept involuntarily admitted patients.

More detail about the purpose, location, size, and utilization of the facilities are found later in this section.

Crisis Mental Health Services

In Washington, federal and state funds for mental health treatment are managed by 11 regional support networks (RSNs). Each RSN encompasses a service area that includes one or more counties. A range of crisis mental health services are available in the RSNs.

- Crisis Hotlines are call centers staffed by mental health counselors 24 hours a day.[8] Persons experiencing psychological distress or thoughts of suicide may call these lines for support and referrals. In many cases, a trained designated mental health professional (DMHP) may follow-up with the caller in person to determine if further treatment is necessary.
- Mobile Crisis Services are found primarily in urban regional service areas. With this approach, teams of mental health and chemical dependency professionals respond to referrals from law enforcement, community health providers, and hospitals. These teams go into the community to provide crisis stabilization and psychiatric assessment services. The goal of the mobile intervention is to resolve mental health crises, reduce arrests, and prevent psychiatric hospitalizations.
- Crisis Mental Health Facilities are short-term residential facilities for individuals experiencing a mental health crisis. Trained staff provide care in a safe environment with the goal of reducing acute symptoms of a mental health crisis and avoiding hospitalization. In Washington, there are two types of certified crisis mental health facilities:[9]

  Crisis Stabilization Units (CSUs), established in 2008,[10] are locked, secure facilities designed to accept involuntarily committed patients.

[7] See WAC 388.865 for statutory definitions.

[8] http://www.dshs.wa.gov/dbhr/rsn.shtml#dbhr

[9] Both types of facilities are licensed by the Department of Health and certified by DSHS Division of Behavioral Health and Recovery.

[10] WAC 388-865-0750.

CSUs provide 24-hour nursing care and a lower staff-to-patient ratio than other triage facilities. Currently, there is one licensed CSU operating in Pierce County.

Triage Facilities are either locked or open (non-secure) facilities meant for short-term crisis stabilization and observation. A mental health professional must be on-site or available 24 hours a day. In 2011, changes were made to triage facility requirements to permit both involuntary and voluntary admissions (WAC 388-865-0800). Currently, three facilities in Washington are certified as crisis triage facilities.

Exhibit 5 shows the locations of crisis mental health services in Washington. Most of these centers operate under a residential treatment facility (RTF) license from the state Department of Health (DOH). Individuals cannot be committed involuntarily to any of the facilities. However, an individual can be held involuntarily for up to 12 hours at a CSU or triage facility while being assessed for further placement. Individuals must be assessed by a DMHP within three hours of an involuntary arrival to these facilities.

Exhibit 5

Washington State Mental Health Crisis Facilities—2013

Facility name	Type*	City	Beds
Whatcom Crisis Triage—Mental Health Respite	RTF	Bellingham	18
Skagit County Crisis Center	RTF	Burlington	5
Cascade Mental Health Care—Diversion Beds		Centralia	3
Lee Smutzler Crisis Stabilization Facility		Colville	4
Snohomish County Triage Center	CTF	Everett	16
Recovery Innovations Crisis Stabilization Unit	CSU	Fife	16
Grays Harbor Crisis Clinic	RTF	Hoquiam	10
Greater Lakes Mental Healthcare	RTF	Parkland	3
Lower Columbia Mental Health Center (Crisis Support)	RTF	Longview	5
Crisis Stabilization and Transitional Unit	RTF	Olympia	10
Nueva Esperanza Community Counseling Services	RTF	Pasco	12
Clallam County Respite Center	RTF	Port Angeles	6
Luckett House (MultiCare Good Samaritan Outreach Services)	RTF	Puyallup	3
Downtown Emergency Services Center Crisis Diversion Facility	RTF	Seattle	16
Downtown Emergency Services Center Crisis Diversion Interim Services	RTF	Seattle	30
Stabilization Services Program—Calispel	CTF	Spokane	9
Park Place (Comprehensive Life Resources)	RTF	Tacoma	9
Elahan Place	RTF	Vancouver	6
Central WA Comprehensive Mental Health Walla Walla Crisis Facility	RTF	Walla Walla	3
Central WA Comprehensive Mental Health Crisis Triage Center	CTF	Yakima	16
Total			**200**

*RTF Residential treatment facility.
CTF Crisis triage facility.
CSU Crisis stabilization unit.

In Washington State, individuals may receive inpatient psychiatric care from two types of facilities: freestanding evaluation and treatment centers or community hospitals.

Evaluation and Treatment Centers

Individuals needing acute mental health treatment beyond 24 hours may be treated at freestanding evaluation and treatment (E&T) centers in Washington State. Initial 72-hour involuntary detentions and court-ordered 14-day commitments can take place at an E&T center.

Freestanding E&Ts are licensed by DOH and certified by DSHS' Division of Behavioral Health and Recovery (DBHR). Two distinct features of E&T centers have historically limited the number and types of patients who can be admitted. First, federal reimbursements for patients covered by Medicaid are only available for stays at freestanding residential E&T centers with up to 16 beds. This funding restriction does not apply to psychiatric treatment facilities located in general acute care hospitals.

Second, freestanding E&Ts are designed to provide inpatient psychiatric care and can only meet basic medical needs of patients. Individuals with chronic conditions or other medical complications must receive care within a psychiatric unit of a community hospital. In 2013, over 3,600 adults were admitted to freestanding E&T centers in Washington. Exhibit 6 (next page) shows the utilization figures for the nine centers in operation during 2013.[11]

[11] This report focuses on capacity and utilization figures for the adult population. Future work will include detail on facilities for adolescents.

Psychiatric Care in Community Hospitals

A specialized psychiatric hospital or psychiatric unit within a community hospital can also be certified to provide involuntary evaluation and treatment services.[12] In Washington, there are three specialized psychiatric hospitals: Lourdes (Richland), Navos (Seattle), and Fairfax (Kirkland).[13] These facilities included about one-third (35%) of the 354 total beds certified for adult *involuntary* treatment admissions in 2013 (Exhibit 7).[14]

In 2013, eight community hospitals with a total of 153 beds had nearly 4,900 *voluntary* psychiatric admissions. As Exhibit 7 shows, 15 of the 19 hospitals with psychiatric treatment services had a daily occupancy rate above 80%. By comparison, the occupancy rate for all community hospitals in the US was 64% in 2011, according to the American Hospital Association.[15]

The utilization figures in Exhibits 6 and 7 are based on 2013 admissions data. During 2014, additional freestanding and hospital evaluation and treatment beds were licensed and certified. The next section lists both new and approved facilities and discusses the process used by DOH to determine the need for psychiatric beds in Washington.

[12] WAC 388-865-0500.

[13] This footnote has been removed. Please see the last page for details.

[14] The hospital discharge records do not indicate a patient's legal status, so we cannot determine how many of the 9,753 admissions to these facilities were involuntary.

[15] National Center for Health Statistics. Health, United States, 2013: With Special Feature on Prescription Drugs. Hyattsville, MD. 2014. Table 107, p 321.

Exhibit 6

Washington State Evaluation and Treatment Centers— 2013 Capacity and Adult

Facility name	City	Beds	Average daily census	Annual admissions	Average length of stay (days)	Facility open
Clark County Telecare E&T Center (Telecare)	Vancouver	10	5.7	193	10.9	Oct-10
Foothills (Frontier Behavioral Health) Kalispell (Frontier Behavioral Health)	Spokane	16 16	28.9	1,110	9.8	May-09 Aug-11
Greater Lakes Recovery Center (Greater Lakes)	Parkland	16	15.7	245	24.2	Oct-10
Kitsap Mental Health Services - adult	Bremerton	15	14.1	402	13.1	Jan-86
Navos (West Seattle Psychiatric)	Seattle	34	30.2	856	14.4	Jan-84
Snohomish (Compass Health)	Mukilteo	15	12.8	215	13.5	Jan-92
Telecare Recovery Partnership (Telecare)	Lakewood	16	15.4	306	19.0	Feb-10
Thurston/Mason (Behavioral Health Resources)	Olympia	15	11.7	318	4.2	Apr-05
Total		**111**	**134.5**	**3,645**	**13.6**	

- Previous closures include North Sound (15 beds), November 2010, Pierce County (30), March 2009, and Hotel Hope-Vancouver (12 beds), May 2010.
- Utilization numbers for Foothills and Kalispell E&T combined.
- Facilities for adolescents not included.

Exhibit 7

Washington State Hospital-Based Evaluation and Treatment Centers
Adult Psychiatric Bed Capacity and Utilization (2013)

Hospital name	City	Beds	Average daily census	Annual admissions	Average length of stay (days)
Hospitals with Certified Involuntary Treatment Beds					
Fairfax Hospital [a,b]	Kirkland	65	61.1	2,182	9.2
Harborview Medical Center	Seattle	61	56.9	1,241	16.6
Lourdes Counseling Center [a]	Richland	20	16.4	569	9.6
Navos Inpatient Hospital [a]	Seattle	40	36.3	855	15.3
Northwest Hospital and Medical Center [c]	Seattle	27	25.1	503	18.1
Peace Health St. John Medical Center	Longview	22	18.2	781	7.7
Peace Health St. Joseph's Medical Center	Bellingham	20	16.8	611	9.3
Providence Sacred Heart Medical Center [d]	Spokane	42	38.2	1,499	8.4
Skagit Valley Memorial Hospital	Mt Vernon	15	9.3	515	5.6
Swedish Medical Center	Edmonds	18	17.5	483	12.7
Yakima Valley Memorial Hospital [e]	Yakima	18	14.3	515	9.2
Total Involuntary		**354**	**310.1**	**9,753**	**10.9**
Hospitals Only Accepting Voluntary Patients					
Auburn Regional Medical Center [c]	Auburn	38	19.3	441	15.5
Cascade Behavioral Health [c]	Tukwila	21	18.5	312	20.0
Overlake Hospital Medical Center	Bellevue	14	14.5	926	4.7
Providence St. Peter Hospital	Olympia	17	17.5	707	8.2
St. Joseph Medical Center	Tacoma	23	25.0	1,256	6.3
Peace Health Southwest Washington Medical Center	Vancouver	16	11.1	398	9.2
Swedish Medical Center	Seattle	10	10.5	463	7.3
University of Washington Medical Center	Seattle	14	11.4	393	9.8
Total Voluntary		**153**	**127.8**	**4,896**	**8.6**

Source: Washington State Community Hospital Abstract Reporting System (CHARS).
[a] Specialized psychiatric facility (no critical medical care).
[b] Licensed for 133 beds, bed total includes three units that operated as acute or subacute (voluntary) depending on utilization. Fairfax also ran 26 bed chemical dependency unit for co-occurring disorders.
[c] Gero-psychiatric population (age 60 plus).
[d] Added 23 beds in late 2013 (total beds reflect year-end).
[e] In 2014, total beds in Yakima Valley Hospital declined by 12 after Comprehensive Mental Health opened a freestanding E&T center in Yakima.

III. Recent Capacity Additions

The 2013-15 state budget appropriated operating and capital funds for the purpose of expanding psychiatric bed capacity and reducing utilization in acute care facilities. Total funds for the biennium exceeded $18.8 million and went to 16 projects throughout the 11 Regional Support Networks in the state. These projects included transitional support, mobile crisis teams, and high-intensity outpatient treatment. Funds were also allocated to crisis facilities for both voluntarily and involuntary admissions. The list of crisis beds added in 2014 is presented in Exhibit 8.

In 2014, three new freestanding E&T facilities started operations. Two of the centers are located in Pierce County; the other facility is located in Yakima County. The addition of these facilities brings the statewide total of adult freestanding E&T beds to 201.

New psychiatric beds in community hospitals were also added or approved in 2014. These sites are listed on the next page, along with an explanation of the "certificate of need" process for expanding the number of hospital beds in a community.

Exhibit 8

2014 Additional Crisis Mental Health Facility and Freestanding Evaluation and Treatment Center Beds

Type	Facility name	City	Beds	Date opened
Crisis Facilities				
	Thurston Mason Crisis Triage[a]	Olympia	10	Nov-14
	Spokane Crisis Triage[b]	Spokane	9	Jul 14
	Clallam County Respite Center	Port Angeles	6	Dec-14
	Lourdes Counseling Center—Transitions[c]	Richland	16	Aug-14
Total			41	
Freestanding Evaluation and Treatment Centers				
	MDC Evaluation and Treatment Center	Tacoma	16	Oct-14
	Bridges (Comprehensive Mental Health)	Yakima	16	Feb-14
	Recovery Innovations	Lakewood	16	Dec-14
Total			48	

[a] Secure crisis triage center accepting admissions from law enforcement.
[b] Expanded existing facility for total of 16 beds.
[c] Certified triage facility.

Acute Psychiatric Hospital Beds

Washington State is one of 36 states that regulates the number of hospital and skilled nursing beds that can be added in a community. To build or expand a hospital or care facility, a company must first apply for a Certificate of Need from DOH. The applications are evaluated according to four criteria:

- Need for services,
- Financial feasibility,
- Structure and process of care, and
- Cost containment.[16]

Exhibit 9 lists the location and number of new psychiatric care beds that were approved and are expected to be available in 2014 or later.[17]

The Certificate of Need process begins when an applicant provides a letter of intent to DOH. Complete applications must be submitted between one and six months from the receipt of the letter of intent. The application is screened by DOH staff for completeness. Once all required materials are received, the formal 90-day review period begins. The first 45 days of this process are reserved for public comment and responses from the applicant or other interested persons. A written analysis and decision is prepared during the next 45 days.[18]

The entire process may take seven to nine months from the time an application is accepted until a decision is reached. Once approved, a certificate of need is valid for two years and construction must begin during this time.

Exhibit 9

Approved Acute Adult Psychiatric Beds—Available 2014 or Later

Facility name	City	Beds	Date beds available/expected
Fairfax	Kirkland	36	Sept-14
Fairfax Hospital North	Everett	30	Sep-14
Cascade Behavioral Hospital	Tukwila	18	Oct-14
Central Washington Hospital	Wenatchee	5	Oct-14
Cascade Behavioral Hospital	Tukwila	30	Dec-14
Harborview	Seattle	5	Dec-14
Fairfax Monroe	Monroe	34	Apr-15
Multicare Auburn Medical	Auburn	18	Aug-15
Total Confirmed New		**176**	
Swedish-Ballard	Ballard	16	TBD
Sunnyside Community Hospital	Sunnyside	10	TBD
US HealthVest	Marysville	75	TBD
US HealthVest	Marysville	25	TBD
Planned New		**131**	

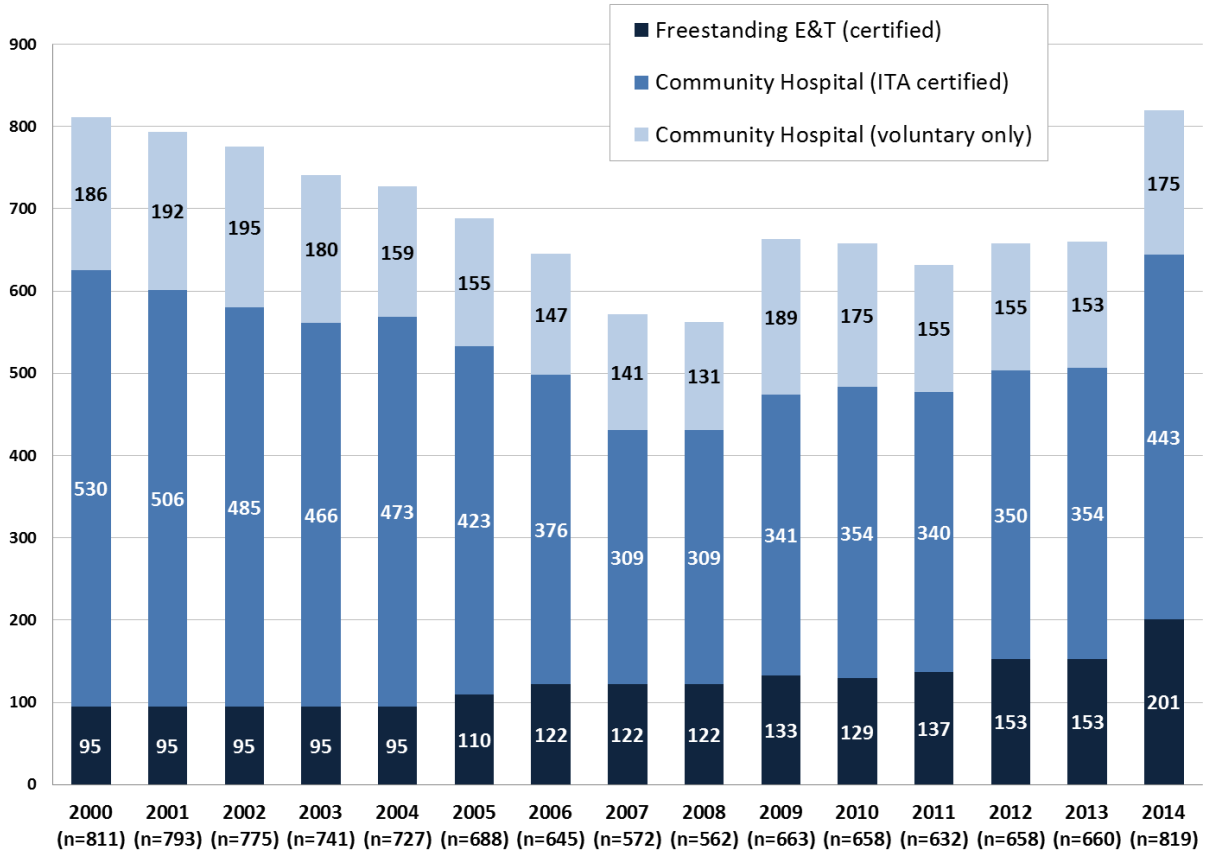
[16] WAC 246-310-210:240.

[17] The 2014 Legislature temporarily waived the Certificate of Need review process for general acute care hospitals that convert existing beds to psychiatric care beds. Hospitals adding new psychiatric beds or facilities must still undergo a full Certificate of Need review.

[18] RCW 70.38.115.

Exhibit 10

Historical Inpatient Adult Psychiatric Beds by Type
Washington State: 2000-2014



Based on reports from the Washington State Hospital Association and DOH, we found that 159 new adult psychiatric beds were added to licensed facilities in 2014.[19] As Exhibit 10 indicates, the total number of beds increased in each category: 22 beds for voluntary psychiatric admissions, 89 beds in facilities certified for involuntary admissions, and 48 beds in freestanding E&T centers.

The addition of new beds in 2014 brought the total number of adult psychiatric beds in Washington to 819, the highest level in 15 years. It is important to note that the utilization statistics and state comparisons presented earlier in this report are based on records from 2010-13. As new data become available, it will be possible to update these summaries to determine how the addition of new beds is impacting capacity constraints at a regional and statewide level.

[19] Note: Yakima Valley Memorial Hospital reduced available capacity by approximately 12 beds, since a new freestanding E&T center (Bridges) opened in early 2014.

Next Steps

This review of psychiatric capacity and utilization is the first in a series of reports focused on crisis mental health services in Washington. Upcoming WSIPP reports will cover several topics including:

- an assessment of risk for violence among individuals detained for involuntary treatment;
- a review of states' practices on the filing of involuntary treatment petitions and alternatives to inpatient treatment; and
- an analysis of the factors that influence involuntary treatment admissions and demand for psychiatric hospital beds.

The final WSIPP report, to be published in December 2016, will examine the characteristics and treatment histories of adults who use crisis mental health services. We will compare outcomes for adults receiving crisis mental health services to those involuntarily admitted to a psychiatric hospital or evaluation and treatment facility. Outcomes may include jail bookings, emergency department utilization, outpatient care, medication adherence, subsequent hospitalizations, and mortality.[20]

[20] See http://www.wsipp.wa.gov/Files/Crisis%20ITA%20Study%20Background for additional information.

Appendix 1

State Rankings—Psychiatric Treatment Beds (2011)

State	Total population (2011)	Psychiatric beds (ACEP)	Psychiatric beds per 100,000 population	Rank	Psychiatric beds (N-MHSS)	Psychiatric beds per 100,000 population	Rank
Alabama	4,802,740	1,177	24.5	**25**	1,091	22.7	**17**
Alaska	722,718	248	34.3	**10**	128	17.7	**32**
Arizona	6,482,505	752	11.6	**47**	928	14.3	**37**
Arkansas	2,937,979	1,469	50	**3**	933	31.8	**8**
California	37,691,912	6,898	18.3	**40**	4,709	12.5	**42**
Colorado	5,116,796	281	5.5	**51**	490	9.6	**45**
Connecticut	3,580,709	763	21.3	**37**	1,005	28.1	**10**
Delaware	907,135	210	23.2	**30**	211	23.3	**16**
District of	617,996	286	46.2	**7**	120	19.4	**25**
Florida	19,057,542	2,535	13.3	**46**	3,602	18.9	**28**
Georgia	9,815,210	1,757	17.9	**41**	1,417	14.4	**36**
Hawaii	1,374,810	338	24.6	**23**	199	14.5	**35**
Idaho	1,584,985	219	13.8	**45**	300	18.9	**27**
Illinois	12,869,257	2,715	21.1	**39**	2,546	19.8	**24**
Indiana	6,516,922	1,603	24.6	**23**	1,026	15.7	**34**
Iowa	3,062,309	857	28	**16**	723	23.6	**15**
Kansas	2,871,238	1,120	39	**8**	537	18.7	**29**
Kentucky	4,369,356	1,507	34.5	**9**	1,793	41.0	**4**
Louisiana	4,574,836	974	21.3	**37**	1,392	30.4	**9**
Maine	1,328,188	393	29.6	**14**	319	24.0	**14**
Maryland	5,828,289	1,714	29.4	**15**	829	14.2	**38**
Massachusetts	6,587,536	1,805	27.4	**17**	1,467	22.3	**18**
Michigan	9,876,187	2,123	21.5	**36**	1,557	15.8	**33**
Minnesota	5,344,861	946	17.7	**42**	1,062	19.9	**22**
Mississippi	2,978,512	1,570	52.7	**1**	1,368	45.9	**3**
Missouri	6,010,688	3,162	52.6	**2**	1,945	32.4	**7**
Montana	998,199	320	32.1	**11**	130	13.0	**41**
Nebraska	1,842,641	295	16	**43**	327	17.7	**31**
Nevada	2,723,322	648	23.8	**28**	234	8.6	**48**
New Hampshire	1,318,194	302	22.9	**32**	484	36.7	**5**
New Jersey	8,821,155	2,232	25.3	**21**	2,128	24.1	**13**
New Mexico	2,082,224	125	6	**50**	167	8.0	**49**
New York	19,465,197	6,093	31.3	**12**	4,053	20.8	**19**
North Carolina	9,656,401	2,115	21.9	**35**	1,859	19.3	**26**
North Dakota	683,932	159	23.3	**29**	519	75.9	**1**
Ohio	11,544,951	2,898	25.1	**22**	2,088	18.1	**30**
Oklahoma	3,791,508	1,771	46.7	**6**	1,038	27.4	**12**
Oregon	3,871,859	337	8.7	**48**	288	7.4	**50**
Pennsylvania	12,742,886	3,874	30.4	**13**	3,560	27.9	**11**
Rhode Island	1,051,302	272	25.9	**19**	346	32.9	**6**
South Carolina	4,679,230	1,076	23	**31**	933	19.9	**21**
South Dakota	824,082	129	15.6	**44**	36	4.4	**51**
Tennessee	6,403,353	1,639	25.6	**20**	1,269	19.8	**23**
Texas	25,674,681	6,958	27.1	**18**	3,024	11.8	**43**
Utah	2,817,222	640	22.7	**33**	248	8.8	**47**
Vermont	626,431	152	24.3	**27**	309	49.3	**2**
Virginia	8,096,604	1,822	22.5	**34**	912	11.3	**44**
Washington	6,830,038	**567**	**8.3**	**49**	**619**	**9.1**	**46**
West Virginia	1,855,364	881	47.5	**5**	245	13.2	**39**
Wisconsin	5,711,767	1,394	24.4	**26**	747	13.1	**40**
Wyoming	568,158	274	48.2	**4**	118	20.8	**20**
Total	**311,591,91**	**74,393**	**23.9**		**57,378**	**18.4**	

Appendix 2

State Rankings—Adult Prevalence of Mental Illness (2010-11)

State	Adult population (1,000s)	Percent with any mental illness (AMI)	Any mental illness—state rank	Percent with serious mental illness (SMI)	Serious mental illness—state rank
Alabama	3,560	23.4%	5	6.9%	1
Alaska	503	19.9%	16	4.0%	29
Arizona	4,799	21.7%	6	6.1%	4
Arkansas	2,160	21.5%	7	6.1%	4
California	27,561	16.1%	42	3.3%	42
Colorado	3,782	16.9%	37	4.5%	20
Connecticut	2,696	16.0%	43	3.5%	37
Delaware	679	18.5%	26	3.9%	31
District of	493	20.4%	11	3.5%	37
Florida	14,517	15.9%	44	3.2%	45
Georgia	7,115	16.6%	40	2.8%	47
Hawaii	988	18.2%	29	3.7%	34
Idaho	1,128	24.5%	1	5.9%	6
Illinois	9,585	15.6%	46	3.4%	41
Indiana	4,794	20.2%	12	5.9%	6
Iowa	2,282	19.2%	23	5.3%	12
Kansas	2,079	16.5%	41	3.3%	42
Kentucky	3,250	19.7%	19	3.8%	32
Louisiana	3,324	18.8%	24	3.3%	42
Maine	1,039	15.4%	47	4.0%	29
Maryland	4,339	18.5%	26	2.8%	47
Massachusetts	5,110	17.3%	36	4.7%	19
Michigan	7,486	20.0%	14	4.2%	25
Minnesota	3,991	16.8%	38	3.7%	34
Mississippi	2,143	19.9%	16	5.4%	11
Missouri	4,486	19.7%	19	5.1%	14
Montana	755	19.8%	18	5.2%	13
Nebraska	1,341	17.7%	33	4.5%	20
Nevada	1,984	15.8%	45	4.3%	24
New Hampshire	1,026	20.2%	12	5.6%	9
New Jersey	6,625	15.2%	50	2.6%	49
New Mexico	1,503	19.5%	22	5.0%	16
New York	14,926	18.7%	25	3.5%	37
North Carolina	7,058	15.0%	51	2.1%	51
North Dakota	505	15.3%	48	2.6%	49
Ohio	8,673	20.5%	10	5.0%	16
Oklahoma	2,737	20.0%	14	5.1%	14
Oregon	2,957	21.3%	8	5.0%	16
Pennsylvania	9,724	17.5%	35	4.1%	28
Rhode Island	816	17.6%	34	3.6%	36
South Carolina	3,454	18.3%	28	4.5%	20
South Dakota	604	17.9%	31	3.8%	32
Tennessee	4,779	23.6%	4	4.2%	25
Texas	17,975	15.3%	48	3.1%	46
Utah	1,918	23.8%	2	6.2%	3
Vermont	494	19.6%	21	5.6%	9
Virginia	5,953	17.9%	31	4.4%	23
Washington	5,106	23.7%	3	6.7%	2
West Virginia	1,428	21.2%	9	5.8%	8
Wisconsin	4,301	16.7%	39	3.5%	37
Wyoming	416	18.0%	30	4.2%	25
Total	**230,949**	17.9%		4.0%	

Source: Substance Abuse and Mental Health Services Administration. Center for Behavioral Health Statistics and Quality. National Survey on Drug Use and Health: 2-Year R-DAS (2010 to 2011). ICPSR34482-v2. Ann Arbor, MI: Inter-university Consortium for Political and Social Research [distributor], 2014-06-25.

Revision: A footnote on page 10 was removed from the previous version of this report. The footnote incorrectly stated that Washington State received Medicaid matching funds under the Medicaid Emergency Psychiatric Demonstration (MEPD) project. In 2012, Washington State was one of 11 states selected to participate in this project, which includes funds appropriated under the federal Affordable Care Act (ACA). The state discontinued participation in the MEPD project on October 2014.

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For further information, contact:
Mason Burley at 360.528.1645, mason.burley@wsipp.wa.gov

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