

Judge David L.

BAZELON CENTER

for Mental Health Law

NEWS

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Western State Hospital Discharging Patients to “Unsafe Places”

Injunction sought to force State to halt “unprofessional” practice

OLYMPIA, WA—Western State Hospital (WSH) has been discharging patients to “unsafe places,” such as homeless shelters, indigent hotels and the streets, according to legal papers filed today in Thurston County Superior Court.

“Moving patients with chronic mental illness from the state hospital to the streets or homeless shelters is unconscionable”, said Mark Stroh, Executive Director at Washington Protection and Advocacy System (WPAS), a federally-mandated watch dog group. “This isn’t deinstitutionalization-and it isn’t planned discharge. It is patient dumping, plain and simple.”

The papers charge that WSH’s discharge practices violate patients’ rights and place them “at risk of irreparable decompensation, unnecessary confinement, homelessness, physical illness and abuse, and death.”

Washington Protection and Advocacy System and the Pierce County Regional Support Network (PCRSN) filed the papers, seeking an injunction requiring that future patient discharges from the hospital adequately meet professional standards.

An examination of randomly selected WSH discharge records by national expert, Dr. Ivor Groves, found that 46 percent of those discharges did not meet professional standards. Another review by Dr. John R. Elpers, UCLA Professor of Psychiatry, found that “in regard to discharge planning, [WSH] treatment teams are indeed doing the same unsuccessful thing over and over again...that places their patients at risk of suffering immediate and irreparable harm.”

The papers filed today document multiple cases where patients were inappropriately discharged, including:

- A woman with “schizoaffective disorder” being repeatedly sent to live in a car or on the streets with a boyfriend that hospital staff knew to be abusive. The woman was repeatedly discharged over the objections of the community case worker.
- The discharge of a man with a 30-year history of chronic schizophrenia and multiple previous hospital stays to a homeless shelter. A WSH social worker described the man as “not capable of caring for himself independently.” No mental health or other services were provided to the man, who was still psychotic when released from the hospital.

“DSHS (Department of Social and Health Services) ‘doesn’t provide funding for the housing and services needed to support people with chronic mental illness,” said Fran Lewis, director of Pierce County Regional Support Network (PCRSN). “But that’s just a part of the crisis. Bed closures and the elimination of short-term detention and commitment services at WSH have created long waits for services.”

In Pierce County alone, 337 patients have been refused admission at WSH since July 2002, according to Lewis. Admissions were delayed for periods of up to 26 days, even though these individuals had been expressly committed by the Pierce County Superior Court to WSH for up to 90 and 180 days.

Like other states, Washington is reducing the size of its state hospitals, but without providing the resources to house and support people with mental illnesses in the community.

“Getting people out of hospitals and into the community is the right idea, but you can’t just discharge folks and expect supports in the community to materialize out of thin air,” said Ira Burnim, co-counsel with WPAS and legal director at the

Bazon Center for Mental Health Law, a national organization based in Washington DC. "WSH is proof positive that you can't just throw people off a cliff and expect them to fly. Some folks are going to need a safety net."

Since 2001, DSHS cut 150 beds at WSH, but failed to allocate any funds to provide adequate services and residential placements in the community for former patients. A September 2002 study by a consultant hired by DSHS, the Public Consulting Group (PCG), strongly recommended that the state invest in new resources to increase the counties' ability to serve people in the community. However, a 2004 PCG update of the study, also commissioned by DSHS, found that funding for community residential options has not kept pace with demand, stating that "during the past two years there has not been enough progress to create sufficient capacity to divert admissions from state hospitals."

Even though the state courts decide when an individual needs to be committed involuntarily, DSHS imposes a limit on the number of patients that can be placed by the courts at WSH. When the number of county residents exceeds this arbitrary limit, DSHS penalizes the counties by charging them \$438/day in "liquidated damages" for each patient over the limit. According to WPAS and PCRSN, "charging the counties 'liquidated damages' exacerbates the problem." Ms. Lewis pointed out, "DSHS will penalize Pierce County over a million dollars this year alone, money we would have used to provide support and treatment for people with mental illness in the community, many of whom will decompensate and wind up returning to WSH in an ever revolving door between admission and discharge."

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The Bazon Center is a national legal advocate for the rights of people with mental disabilities.