

REPORT ON

Closure of Walla Walla VA

**Effect on Veterans Access to
Mental Health Care**

Prepared by the Minority Staff of the
Committee on Veterans' Affairs
United States Senate

For Senator Patty Murray

April 12, 2004

INTRODUCTION

Senator Murray, per your request, this report

- highlights the mental health services provided to veterans at the Walla Walla VA,
- reviews the community and regional resources which currently exist,
- assesses the Capital Asset Realignment for Enhanced Services (CARES) report and CARES Commission recommendations,
- and examines the practical results should the Walla Walla VA facility be closed.

In summary:

1. **The Administration and the CARES Commission did not take into account the availability of non-VA mental health care when making recommendations to close the Walla Walla VA facility.**
2. **The VA does not have a specific and detailed plan demonstrating the manner in which specialized mental health care would be provided to veterans currently receiving mental health services if the Walla Walla VA is closed.**
3. **The Walla Walla VA offers specialized, integrated mental health care to the areas veterans which is not duplicated elsewhere in the community.**

BACKGROUND

As you well know, the Department of Veterans Affairs (VA) provides world class mental health care to veterans from all eras. Specialized VA programs provide inpatient, residential and outpatient treatment for psychotic and addictive disorders, post-traumatic stress disorder, and sexual traumas.

In addition, general mental health services for most psychiatric conditions and services for vocational rehabilitation and homelessness are available. In 2003, these mental health services consumed approximately 10 percent of the total Veterans Health Administration (VHA) health care budget amounting to \$2.4 billion.

Network 20 alone spent almost \$110 million to meet the mental health care needs of veterans in Washington, Oregon, Alaska, and parts of Idaho.

While these national numbers may seem impressive, they belie the fact that there is a decreasing level of available mental health services within the VA. In 1996, Congress mandated VA to maintain the level of specialized services that then existed within its system. Even with the doubling of the total number of veterans served within VHA, overall mental health dollar expenditures have declined by almost 25 percent.¹

The proposed closure of the Walla Walla VA fits the national trend of sacrificing mental health services for other VA priorities and violates the spirit of the special programs capacity requirements mandated by Congress in 1996.²

MENTAL HEALTH RESOURCES AT THE WALLA WALLA VA

The array of mental health treatment options at Walla Walla VA allows veterans with coexistent disorders, such as PTSD and alcoholism, to be moved through a series of inpatient and then outpatient treatment regimens at one facility.

The facility truly serves as a model for integrated and comprehensive mental health care. The most recent Joint Commission on the Accreditation of Healthcare Organizations score for behavioral health at Walla Walla was a 98% out of 100.

The Walla Walla VA currently provides the following mental health resources for veterans in the region:

- 11,000 outpatient mental health visits per year;³
- 16 beds for residential substance abuse treatment;
- 5 beds for sub acute residential substance abuse treatment;
- 1 bed for detoxification;
- 6 beds for psycho-social rehabilitation;
- 2 beds for acute inpatient psychiatric care;

¹Letter from Co-Chairs, Committee on Care of Severely Chronically Mentally Ill Veterans to VA Under Secretary for Health, May 8, 2002.

²Public Law 104-262.

³Capital Asset Realignment for Enhanced Services. *Report to the Secretary of Veterans Affairs*. February 2004, page 327.

- Outpatient mental health staff consists of approximately 28 funded full-time staff including psychiatrists, psychologists, social workers, rehabilitation specialists, chemical dependency counselors, family counselors, psychiatric nurse practitioner, and general mental health counselors;
- Outpatient mental health services include family therapy, group and individual treatment for PTSD; including sexual trauma, medication management, alcohol and drug relapse prevention, homeless outreach, HIV counseling, incentive work therapy program, and general mental health treatment.

It is also important to note that VA's mental health care programs fill a special niche in serving veterans. Often VA's programs are staffed by a high percentage of clinicians who are, in fact, veterans.⁴ In other public and private mental health programs, the usual percentage of staff who are veterans is negligible. Clinician veterans understand and share a common identity, language, and experience. Often community and/or private mental health care providers are not properly trained, nor are they comfortable providing services to veterans.

When VA closes programs such as those found at Walla Walla, veterans lose programs designed specially for their mental health needs and life experiences, staffed with a cadre of dedicated men and women uniquely trained for their mission. This is not replaceable.

CARES AND CARES COMMISSION RECOMMENDATIONS

Both the Administration and the Commission reports recommended the closure of the Walla Walla VA facility.

Weak Alternatives

The Capital Asset Realignment for Enhanced Services report recommends that Spokane and Tri-Cities have VA facilities and/or contract service providers that could be utilized for veteran care.⁵

Spokane VA maintains eight acute psychiatric beds and no subacute substance abuse

⁴An example is VA's Readjustment Counseling Service which according to program administrators is staff by clinicians – 75% are veterans.

⁵Capital Asset Realignment for Enhanced Services. *Report to the Secretary of Veterans Affairs*. February 2004, page 328.

beds. The acute beds have an 80 percent utilization rate, leaving 1-2 beds of excess capacity for emergency use.⁶ This is not sufficient to replace the 30 inpatient/residential beds located at the Walla Walla VA.

The Tri-Cities have no inpatient VA mental health beds, and there is no excess capacity in their inpatient psychiatry private/public sector.⁷

Based on Committee Staff analysis, these VA referral sources are insufficient to meet the current mental health needs of veterans being served at the Walla Walla VA.

Furthermore, these alternatives, if implemented, would eradicate the existing mental health inpatient and outpatient treatment programs located at Walla Walla VA and disperse the staff of treatment providers, leaving veterans in the care of a deteriorating public/private mental health care system.

Committee Staff address the availability of community resources in the next section of this report.

A second alternative proposal listed in the Capital Asset Realignment for Enhanced Services report is to build a ten-bed inpatient psychiatric unit and lease space in the community for the outpatient residential rehabilitation and substance abuse programs.⁸

Administrators and clinicians suggest that establishing a stand-alone 10 bed psychiatric unit would be expensive to build, staff, and maintain. There is limited opportunity for economy of scale savings and insufficient patient capacity to create a therapeutic environment. The current seamless, integrated care system would be lost. It is doubtful that this recommendation is economically or clinically viable.

Seismic, Asbestos, and Heating Issues – A Weak Rationale for Closure

The Administration's CARES Report states that several of the buildings at the Walla Walla VA are "seismically unsafe and would require millions of dollars to bring to current standards."⁹

⁶Phone conversation with Spokane VA Hospital Director on April 1, 2004.

⁷Phone conversations with VA clinical staff and Dan Aspiri.

⁸Capital Asset Realignment for Enhanced Services. *Report to the Secretary of Veterans Affairs*. February 2004, page 327-328.

⁹Capital Asset Realignment for Enhanced Services. *Report to the Secretary of Veterans Affairs*. February 2004, page 326.

While Committee Staff does not wish to downplay the importance of seismic concerns, it was evident during a recent staff visit that the buildings have been remodeled and their interiors are well maintained, modern, and functional.¹⁰ In addition, Committee Staff were unable to obtain an official seismic readiness study.

Even though much of the Walla Walla VA was constructed in 1906, plant engineers note the high quality materials and craftsmanship that went into their construction. Engineering staff also believe that Network 20 leadership has for years underfunded the ongoing maintenance and modernization of the facility.

With appropriate reductions in the facility footprint, targeted modernization, and adequate levels of maintenance these facilities "have an indefinite life span."¹¹

The cost of heating these buildings and the widespread use of asbestos has also been given as reason for closure. The facts remain that the asbestos is well contained and poses no current hazard to workers or patients, and the heating plant could be updated to a cost effective, low pressure steam system once the outlying historic buildings are taken offline.¹²

COMMUNITY AND REGIONAL RESOURCES FOR MENTAL HEALTH

Available Non-VA Beds for Psychiatric Care Do Not Exist

The State of Washington has closed 40 percent of their inpatient psychiatric beds since 1999, which includes 150 beds at Western State Hospital and 28 beds at Eastern State Hospital.¹³

Private psychiatric bed capacity has also been reduced or eliminated in Renton, Spokane, Olympia, and at Walla Walla's Saint Mary's Medical Center.

These reductions and closures have occurred at a time when the 90-day involuntary commitments have increased by 80 percent statewide and while revocations of less

¹⁰Staff tour occurred on January 8, 2004.

¹¹Informal discussions with Walla Walla VA facility engineers during staff tour on January 8, 2004.

¹²Ibid.

¹³Interview with program official with the Clark County Washington Department of Community Services.

restrictive orders to hospitals have increased by 94 percent. Significantly, no additional funds have been allocated to the regional support network to cover these costs.

Mental health professionals report that they are often unable to find a placement for patients they have detained who are a danger to themselves or others. There is a further proposal to close an additional 60 beds at Western State Hospital which "would exacerbate an already serious crisis at the state hospitals, and endanger the safety of the individuals to be removed....as well as the communities into which they will be placed."¹⁴

Inland Counseling Network, a new entity formed when Columbia County and Walla Walla County Mental Health merged, covers approximately 2000 + square miles and provides a variety of mental health services. The network has a staff of 30-35 counselors at various levels of training but no psychologists. The programs receive the consultant services of a psychiatrist two days per week. Their services include general outpatient mental health, respite care, transitional housing, and crisis management. There are no inpatient psychiatric or residential substance abuse treatment beds within the Inland Counseling Network.¹⁵

Overall Degradation of Community Services

According to mental health care administrators, service providers, and patient advocate groups, the Washington State mental health care system is in crisis.

Currently, the outpatient public mental health system in Washington is being underfunded by at least \$286 million per year.¹⁶ County mental health programs are caught in this funding shortfall which will be made worse when Medicaid tightens their eligibility requirements. In the recent past, counties could use any excess funds from their capitation payments from Title 19 to provide sliding fee scale mental health services to non-Medicaid patients. The new rules prevent this. Effective January 1, 2005, Medicaid money can only be spent on Medicaid eligible patients. This leaves a huge gap in services for those who are not eligible for Medicaid (the working poor and/or unemployed) and those who cannot afford to pay privately (approximately \$85-

¹⁴Letter dated March 20, 2004 from King County Executive Ron Sims to Washington Governor Gary Locke

¹⁵Interview with Daniel L. Aspiri, Chief Operations Officer of Inland Counseling Network which serves Columbia and Walla Walla County.

¹⁶*Blueprints for an Effective Mental Health System in Washington State*, September 2000, page 86.

\$110 per treatment visit).¹⁷ Unemployed and many service- connected disabled veterans would fall in this gap if they could not receive care at the Walla Walla VA.

CONCLUSIONS

- Comparable comprehensive mental health treatment programs and facilities do not exist in the bi-county area that is Walla Walla VA's immediate service area.
- Washington State and community programs which deliver mental health services are in crisis. These systems are retrenching and offering a decreasing level of inpatient and outpatient care. Medicaid's new rules will only worsen these circumstances. VA cannot depend on this system to care for veterans currently seen at Walla Walla VA.
- The Administration and members of the Capital Asset Realignment for Enhanced Services Commission did not adequately explore the state of the mental health care delivery system in the bi-county area.
- The Administration has not offered a specific, detailed plan showing how they will provide mental health services to veterans should Walla Walla VA be closed.
- Walla Walla VA offers specialized, integrated mental health care to the areas' veterans which is not duplicated in the community.

¹⁷Interview with Daniel L. Aspiri, Chief Operations Officer of Inland Counseling Network which serves Columbia and Walla Walla County.