

Mental Health System Improvement Initiative: A Common Vision, Single Voice Approach

Topic	Full Integration	Trueblood	DSHS SIA Contract	DSHS Staffing Consultant	DSHS UW Training Unit	OFM Mental Health System Contract
Statutory Authority	2SSB 6312	Court Order	Executive response to CMS	ESSB 6656, Section 5(3); 2ESHB 2376, Section 204(4)(d)	2ESHB 2376, Section 204(2)(g)	ESSB 6656, Section 5(2); 2ESHB 2376, Section 105(7)
2016 Supplemental Funding	\$0	\$0	\$0	\$260,000	\$600,000	\$250,000
Estimated Cost	\$0	\$0	\$321,000	\$260,000	\$600,000	\$500,000
Lead	Governor's Office	DSHS	DSHS	DSHS	DSHS	OFM
Overview	<p>Requires mental health and chemical dependency integration by April 1, 2016</p> <p>Requires full mental health services, chemical dependency services, and medical care services to be fully integrated into the managed care health system by January 2020.</p> <p>Opportunities exist for Mid-Adopters--Regions to pursue full financial integration ahead of 2020--one window in 2017 and one window in 2018</p>	<p>On April 2, 2015, the U.S. District Court found that extended wait times for evaluation and restoration services violated constitutional due process. The court set an aggressive deadline, requiring in-jail evaluations to be completed within seven days from the signing of the court order and patients ordered for inpatient evaluations or restoration to be admitted to the state hospital within seven days. The court also provided a narrow good cause exception to this seven day standard based on an individual's "unique medical or psychiatric needs."</p> <p>On May 6, 2016, the 9th Circuit Court of Appeals overturned a portion of the U.S. District Court order requiring DSHS to provide competency evaluations to mentally ill defendants within 7 days of a judge's order, and remanded to the U.S. District Court to modify the permanent injunction and consider WA's 2015 state law (S 5889).</p>	<p>DSHS has contracted with a consultant to perform a comprehensive healthcare quality improvement review. This review will consist of a functional assessment and analysis of Western State Hospital's systems - specifically in relation to quality, safety and compliance with Medicare Conditions of Participation and Special Conditions of Participation for Psychiatric Hospitals. The review shall identify service gaps, the root causes of those gaps, and make recommendations to improve quality and safety.</p>	<p>DSHS shall contract for the services of an academic or independent state hospital psychiatric clinical care model consultant to examine the clinical role of staffing at the state hospitals.</p>	<p>DSHS shall contract with the University of Washington (UW) for a forensic teaching unit.</p>	<p>OFM shall contract with a consultant to examine the current configuration and financing structure for the state hospital system.</p>
Goal(s)	Full Integration of Mental Health, Chemical Dependency, and Physical Health	Timely competency evaluation and restoration services.	Western State Hospital in full compliance with Medicare Conditions of Participation.	Development of a staffing model that identifies the number of staff by classification necessary to safely operate a state psychiatric hospital.	A forensic teaching unit that improves the quality of patient care and draws future psychiatrists to the state hospital.	A system that: 1) ensures least restrictive environment; 2) gets people out of hospital faster; 3) best serves people in the community.
Deliverables	<p>a) Behavioral Health Organizations shall develop the means to serve the needs of people with mental disorders. Elements may include: Crisis diversion services; Evaluation and Treatment and community hospital beds; Residential Treatment; Programs for intensive community treatment; Outpatient services; Peer Support; Community Support; resource management; supported housing and employment services;</p> <p>b) The Behavioral Health Integration Work Group shall make recommendations that 1) achieve financial and functional integration that best support clinical integration and 2) identifies non-Medicaid services and services to non-Medicaid individuals that need to be available in a fully integrated model.</p> <p>c) identify financial incentives for managed care organizations and a mechanism for investing savings into the client services.</p>	<p>April 2, 2015 Order:</p> <p>(a) Secure sufficient evaluation staff, restoration staff, and administrative staff to allow provision of competency services within 7 calendar days.</p> <p>(b) Secure sufficient bed space and other facilities to allow for the admission of pre-trial detainees to state hospitals within 7 calendar days, without sacrificing the therapeutic environment of the psychiatric hospital.</p> <p>(c) Appointed Court Monitor</p> <p>(d) Required monthly reports and a long-term plan</p> <p>February 8, 2016 Modified Order, Additional Requirements:</p> <p>(a) Extended compliance date to 5/27/2016</p> <p>(b) Granted greater oversight authority to Court Monitor</p> <p>(c) Requires triage process</p> <p>(d) Additional monthly reporting on CMS Plan of Correction and Trueblood compliance milestones</p>	<p>Consultant Shall:</p> <p>(a) submit a plan and methodology for the performance of an independent, comprehensive Hospital-wide analysis of current operations compared to industry accepted standards of practice;</p> <p>(b) assist Western State Hospital to improve the quality of patient care, meet applicable standards, and make recommendations for hospital-wide changes and improvements.</p> <p>(c) submit a plan to the DSHS Assistant Secretary no later than 10 days following the execution of the contract. The plan shall include a schedule of performance of the analysis to include identification of necessary contractor and hospital resources and the time frames during which they will be required to be available.</p> <p>(d) identifies gaps and recommendations to improving safety of staff and patients, patient care and to achieve compliance with all applicable standards</p> <p>(e) an analysis that includes a review of the following: quality and appropriateness of services, including direct patient care services; master treatment plans and active treatment services provided to patients in accordance with applicable standards; infection prevention practices; leadership/management accountability and supervision; qualified and supportive staffing resources; staff training and education; culture and teamwork; communication; and safety of patients and staff.</p>	<p>The Consultant's analysis must include an examination of:</p> <p>(a) The clinical models of care</p> <p>(b) Current staffing models and recommended updates to the staffing model</p> <p>(c) Barriers to recruitment/retention of staff</p> <p>(d) Creating a sustainable culture of wellness and recovery</p> <p>(e) Increasing responsiveness to patients needs</p> <p>(f) Reducing Wards to an appropriate size</p> <p>(g) The use of interdisciplinary health care teams</p> <p>(h) appropriate staffing model and staffing mix to achieve optimal treatment outcomes considering patient acuity</p> <p>(i) Recommended Practices to increase safety for staff and patients; and</p> <p>(j) assist with implementation of recommended changes</p>	<p>The UW shall conduct an analysis and develop a plan to:</p> <p>a) create a high quality forensic teaching unit in collaboration with Western State Hospital.</p> <p>b) include an appraisal of risks, barriers, and benefits to implementation as well as an implementation timeline.</p> <p>C) The UW shall report to the department, the office of financial management, and relevant policy and fiscal committees on findings and recommendations by November 1, 2017.</p>	<p>Change the current financing structure and financial incentives for state hospital civil bed utilization by providing behavioral health organizations with the funds necessary to purchase a number of days of care at a state hospital equivalent to the current allocation of model.</p>
Due Dates	MH/CD Integration: April 1, 2016 MH/CD/Med Integration: January 2020 Financial report: June 15, 2016 Crisis/Non-Medicaid Svcs: June 15, 2016	Full Compliance January 2, 2016	Off-Site Review Activities: May 31, 2016 On-Site Review Activities: July 1, 2016 Analysis and Recommendations: July 15, 2016	October 1, 2016	November 1, 2017	October 1, 2016

Topic	Project Management Office	Jail Diversion Study	Workforce Development
Statutory Authority	Executive Initiative	Executive Initiative	Executive Initiative
2016 Supplemental Funding	\$0	\$0	\$250,000
Estimated Cost	\$30,000	\$150,000	\$250,000
Lead	OFM	Governor's Office	Governor's Office
Overview	Develop a master project plan for the Mental Health System Improvement Initiative.	The Governor's Office shall contract with a consultant to review and make recommendations on how to best divert persons with mental illness from the criminal justice system and identify appropriate funding mechanisms.	Workforce Training and Education Coordinating Board will evaluate projected workforce shortages in behavioral health.
Goal(s)	Synchronization of strategies and one-voice communication.	Safely and appropriately divert persons with mental illness from the criminal justice system into treatment.	A workforce development strategy that address shortages.
Deliverables	(a) status of completing key activities (b) critical milestones (c) deliverables (d) Identification of specific barriers to completion of key activities, critical milestones, and deliverables and strategies used to address challenges	Contractor shall: (a) engage law enforcement, the courts, DSHS, community mental health providers and consumers of mental health services regarding diversion needs. (b) make recommendations on funding jail diversion programs for persons with mental illness by maximizing federal funding through the Affordable Care Act.	a) an evaluation to determine if there are sufficient numbers of trained professionals to handle projected demand b) develop recommended action plan to help ensure sufficient numbers of healthcare workers get needed training
Due Dates	December 1, 2016	October 1, 2016	Preliminary Analysis: October 15, 2016 Final report: October 15, 2017