Select Committee on Quality Improvements in State Hospitals

April 17, 2018

Mission: Transform lives by supporting sustainable recovery, independence and wellness
Budget Implementation Update

Melena Thompson, Chief – Federal Programs
Division of Behavioral Health & Recovery
Behavioral Health Administration

Evelyn Perez, Assistant Secretary
Developmental Disabilities Administration

Bea Rector, Director
Home & Community Services
Aging & Long Term Services Administration
## ESSB 5883 Implementation - BHA

<table>
<thead>
<tr>
<th>Bill Section/Deliverable</th>
<th>Status/Anticipated Completion</th>
</tr>
</thead>
</table>
| **Section 204 (E) - Crisis Triage/Stabilization Centers: 96 beds** | - 78 of 96 beds awarded to BHOs and ASOs based on proposals  
- July 2018: Start-up funding to be provided  
- Opening dates range from July 2018 to January 2019 |
| **Section 204 (F) - CMS Waiver to include full cost of IMDs in BHO Rates** | - March 2018: 1115 Waiver submitted for SUD IMD federal spending authority  
- Approval expected by July 1, 2018 |
| **Section 204 (Q) - Contract w/ Community Hospitals for Long-Term Inpatient Beds: 48 beds** | - 2 E&Ts and 2 community hospitals in discussions to provide long term inpatient beds  
- Efforts continue to identify additional providers  
- May 2018: Expected release of Department of Commerce RFP for capital funds |
| **Section 204 (R) - Beds for Individuals in Transition from Inpatient Settings** | - 32 beds awarded to BHO and ASOs  
- July 2018: Start up funding will be provided in BHO and ASO contracts  
- Expected to be open prior to January 1, 2019 |
| **Section 204 (V) - Clubhouse Services – Statewide Medicaid Program** | - Workgroup established, reviewing historical information and preparing report for Legislature  
- April 2018: RFP issued for start-up, program development, program expansion activities |
| **Section 204 (Special Projects) - Housing & Recovery Team - HARPS** | - January 2018: Thurston/Mason BHO HARPS team started  
- 742 Individuals have been housed since July 1, 2017 through 8 HARPS regions |
ALTSA’s Response to Mental Health Transformation

State Hospital Discharges FY 2018

171 individuals discharged from state hospitals into LTSS

1 additional ESF by summer 2018

Avg. Daily Rate Across Settings Increase from 1st to 3rd quarter
• 1st quarter: $171.62
• 3rd quarter: $205.15
AL TSA’s Response to Mental Health Transformation

Quarterly Discharges by State Hospital

- 2017 Quarter 1: 53 discharges
- 2017 Quarter 2: 51 discharges
- 2018 Quarter 3: 67 discharges

Average Assessments Per Month 1st-3rd Quarter

- 1st Quarter: Actual 25, Goal 63
- 3rd Quarter: Actual 45

Monthly average assessments increased by 80%
ALTSA’s Response to Mental Health Transformation

**Next Steps:**

- Continue early engagement efforts to prepare individuals for discharge
  - Assessing all potentially LTSS-eligible

- Reduce the number of LTSS eligible individuals awaiting discharge 90 days or greater
  - Development of additional performance measures

- Work with BHOs, FIMCs and other partner agencies to develop services for individuals ALTSA is not able to serve in LTSS settings, including:
  - Extremely violent/assaultive history (with or without criminal record)
  - Active suicidal ideations with plan
  - Unable to be left alone and/or require line of sight supervision to protect self or others
  - Recent use of physical or chemical restraints in hospital setting to protect patients or others
  - Fire setting
ALTSA’s Response to Mental Health Transformation

Next Steps Continued:

✓ Release of Department of Commerce RFP for capital funding to support 2 new ESF projects

✓ Continue engagement efforts with nursing home and residential providers to serve individuals with complex medical and high behavioral support needs

✓ Continue to partner with BHOs and FIMCs for behavioral support needs

✓ Statewide focus groups with Adult Family Home, Assisted Living Facility and Nursing Home providers to engage them in discussion with RCS about what they want and need to feel more confident in accepting residents
DDA’s Response to Mental Health Transformation

Partnering to create additional community capacity

Who we will serve

While 32 clients may be ready for discharge from state hospitals...

Funding was provided to serve 13 clients in SOLAs*

Currently 4 of the 13 clients have been transitioned into SOLA

*State Operated Living Alternatives are community residential programs operated by state employees.

What we provide

Behavior Support
Nursing Services
Residential Supports

For clients with an unmet need for habilitative residential supports and behavioral health needs.

What we do

✓ Serve clients ready for discharge with appropriate residential supports in the least restrictive setting.

✓ Provide state hospitals more space to focus on forensics and other identified issues.
How DDA will partner in Mental Health Transformation

SOLA Mental Health Expansion Timeline

<table>
<thead>
<tr>
<th>Phase 2</th>
<th>Phase 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>King County Home &amp; Pierce County Home</td>
<td>King County CP Home</td>
</tr>
<tr>
<td>4 clients transitioned</td>
<td>Transition 3 clients by September</td>
</tr>
<tr>
<td>November 1, 2017</td>
<td>April 31, 2018</td>
</tr>
<tr>
<td></td>
<td>May 1, 2018</td>
</tr>
<tr>
<td></td>
<td>September 31, 2018</td>
</tr>
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</table>

**Operating Budget**

<table>
<thead>
<tr>
<th>Phased in</th>
<th>$ in Thousands</th>
</tr>
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<tbody>
<tr>
<td>FTEs</td>
<td>GF-S</td>
</tr>
<tr>
<td>Phased in</td>
<td>39.8</td>
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</table>

**How has this model been successful?**

- Expanded SOLA in Pierce and King counties with:
  - Expertise serving clients with co-occurring disorders
  - Appropriate staffing levels to address high behavioral needs
- Good coordination with behavioral health service system and continued mental health services for clients.
- Continued crisis response and stabilization services: access to intensive care coordination and resources to provide long term stable supports.
- Ongoing quality assurance and SOLA program oversight
- Well-trained staff to make it happen:
  - Intensive Case Managers for state hospital clients
  - Resource and training staff for SOLA
  - Oversight staff to review and SOLA certification
  - Diversion staff – dedicated resource to divert similar clients from entering state hospitals in the first place

**Who will provide the services?**

DDA will train new staff to serve 13 clients.
Trueblood Contempt Fines
July 8, 2016 – March 31, 2018

Inpatient: $55,567,000
Jail-based: $535,500

TOTAL (Inpatient + Jail-based): $56,102,500

Data Sources:
WSH: FES in Cache provided by Al Bouvier; ESH: MILO provided by Yaroslav Trusevich
Compiled by BHA-DSE, As of April 13, 2018
Trueblood Agreement & Negotiations

February 2018
Parties’ stipulated negotiation agreement accepted by federal court

February – April 2018
Gather stakeholder input
Multiple negotiation sessions between Parties

April – August 2018
Draft plan (general principles / initial plans) complete by May 4
Seek stakeholder input on plan through June 8
June 8 - Aug. 1: Make revisions based on feedback; draft final agreement
Signed agreement no later than Aug. 10 (if agreement can be reached)

August – November 1, 2018
Seek Court approval
Submit for inclusion in Governor’s 2019-2021 Biennial Budget
Trueblood Stakeholder Process

14 meetings completed to date; two-tier approach

Regional meetings have or will include:

- King
- Snohomish
- Pierce
- Thurston
- Clark
- Spokane
- West Rural
- East Rural

Stakeholder Categories include:

- Prosecutors
- Judges
- Defense attorneys
- Jail staff
- Law enforcement
- BHOs, MCOs
- Treatment providers
- Community hospitals
- Families & consumers
- Community advocates
- WSH & ESH staff & executives
- Office of Forensic Mental Health Services staff
- Local governments
- Tribal governments

✓ Complete
★ Scheduled; will be complete by May 1, 2018
Forensic beds

<table>
<thead>
<tr>
<th># of beds</th>
<th>Project</th>
<th>Expected Date</th>
<th>Status</th>
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</thead>
<tbody>
<tr>
<td>30</td>
<td>30 civil bed conversion to forensic in WSH S10</td>
<td>June 2018</td>
<td>On track to be fully staffed by 6/1 and at capacity by 6/30</td>
</tr>
</tbody>
</table>
| 30        | 30 forensic beds in new forensic ward Building 27            | January 2019  | 11/15/18: Construction expected to be complete 11/19/18 – 1/11/19: 8-week facility set up and training period  
Week of 1/14/19: Anticipate accepting first patient(s) |

**WSH Waitlists***

<table>
<thead>
<tr>
<th>Civil</th>
<th>Forensic</th>
</tr>
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<tbody>
<tr>
<td>104</td>
<td>206</td>
</tr>
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</table>

*snapshot on Monday, April 16, 2017*
Competency Evaluations/Restoration Referrals

Statewide Total Referrals for Competency Services
CY 2012 - CY 2017

Note: Counts do not include cases on Personal Recognizance.
Source: WSH-FES Modules in Cache Database; ESH - MILO Database
Graph by: Can Du-DSE, April 13, 2018
Systems Improvement Agreement Update

Ken Taylor, Assistant Secretary
Behavioral Health Administration (BHA)

Marylouise Jones, Interim Chief Executive Officer
Western State Hospital, BHA
Systems Improvement Agreement (SIA)

- CMS will return to Western State Hospital in May/June 2018
- In order to pass certification, WSH must comply with all 26 Medicare Conditions of Participation

Activities to fulfill Plan of Correction

- Second SIA approved
- Conditions of Participation prioritized 60 days
- Mock Survey
- Resurvey Period

2017

2018
SIA Current Focus Areas*

- Violence Reduction
- Quality
- Life Safety/Physical Environment
- Patient Treatment/Services

*Please refer to handout for detailed list of activities and accomplishments in each area
SIA Possible Outcomes

Pass
✓ WSH meets all 26 conditions of participation and receives CMS certification

Does not meet all conditions of participation
– CMS does not decertify WSH and does not pull funding, but instead works with state on agreement/extension

Fail
✗ CMS initiates 90-day decertification period
✗ WSH loses federal funding ($53M annually)
State Psychiatric Hospital
Staffing Model

Tonik Joseph, Deputy Assistant Secretary
Behavioral Health Administration

Judy Fitzgerald, Chief Financial Officer
Department of Social & Health Services
Three hospitals: One direction

Asst. Secretary
Ken Taylor

Governing Body

- Leadership
- Accountability
- Communications

ESH

WSH

CSTC
### Staffing Model Application

#### Washington State Department of Social and Health Services

#### Transforming Lives

<table>
<thead>
<tr>
<th>Model A</th>
<th>Comparison</th>
<th>Model B</th>
<th>Comparison</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Model Number</strong></td>
<td>15854</td>
<td>15854</td>
<td>15854</td>
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<tr>
<td><strong>State Hospital</strong></td>
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<td>Mission State Hospital</td>
<td>Mission State Hospital</td>
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<tr>
<td><strong>State</strong></td>
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<td><strong>Region</strong></td>
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<td><strong>Staffing Model</strong></td>
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<td><strong>Modified By</strong></td>
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<td><strong>Modified On</strong></td>
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<table>
<thead>
<tr>
<th><strong>Fiscal Year</strong></th>
<th><strong>Fiscal Year</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>FY 1</td>
<td>FY 2</td>
</tr>
</tbody>
</table>

#### Staffing Model Application Table

<table>
<thead>
<tr>
<th>Category</th>
<th>FY 1</th>
<th>FY 2</th>
<th>Percent Change</th>
</tr>
</thead>
</table>
| Total FTE | 411.3 | 411.3 | 0.0%
| Total Expenditures | 11,602,000 | 11,602,000 | 0.0%
| Direct Care Expenditures | 6,500,000 | 6,500,000 | 0.0%
| Non-Direct Care Expenditures | 5,100,000 | 5,100,000 | 0.0%
| Administration & Support Expenditures | 1,000,000 | 1,000,000 | 0.0% |

#### Staffing Model Application Table (continued)

<table>
<thead>
<tr>
<th>Category</th>
<th>FY 1</th>
<th>FY 2</th>
<th>Percent Change</th>
</tr>
</thead>
</table>
| Total FTE | 141.3 | 141.3 | 0.0%
| Total Expenditures | 3,592,000 | 3,592,000 | 0.0%
| Direct Care Expenditures | 1,700,000 | 1,700,000 | 0.0%
| Non-Direct Care Expenditures | 1,890,000 | 1,890,000 | 0.0%
| Administration & Support Expenditures | 1,000,000 | 1,000,000 | 0.0% |

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**Note:** The table above details the staffing model application for the Washington State Department of Social and Health Services, comparing Model A and Model B across various fiscal years and expenditure categories.
Staffing Model

Establish criteria by which to determine the appropriate staffing levels at each of the three state hospitals, considering the need to provide sufficient direct care and administrative and support staff consistent with the requirement to provide effective treatment services in an environment that monitors:

a. patient care
b. safety needs of patients
c. alignment
Creation of Acuity Tool Project Plan

Scope & Analysis Complete

IT Design

IT Design Review

IT Development

30 Days

60 days

90 days

120 days

150 days

180 days

180+

Software Testing

Pilot

Documentation

Deploy Software

Post Implementation

Training Development

Complete

May 2017 to June 2018
Percentage of Overtime Use at WSH

**DATA SOURCE:** Financial Services Administration’s Overtime Report Summary.

**MEASURE DEFINITION:** Average percentage of overtime use at Western State Hospital and Eastern State Hospital.

**DATA NOTES:**
1. Each data point represents a quarterly percentage (e.g., SFQ 2016/4 is the sum of total overtime expenditures for SFQ 2016/4, divided by the sum of Object A (employee salary) expenditures for SFQ 2016/4).
2. Includes only Budget Units for Eastern State Hospital and Western State Hospital.
3. Negative amounts in total overtime expenditures and/or total employee salary expenditures are included in the calculation.
4. Zeros are included in the denominator.
5. Includes both disbursements and accruals.

Thank You

Ken Taylor, Assistant Secretary
Behavioral Health Administration
Department of Social and Health Services
ken.taylor@dshs.wa.gov | 360.725.2260