

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

Bill Section/Deliverable	Status/Anticipated Completion
Section 204 (E) - Crisis Triage/Stabilization Centers: 96 beds	<ul style="list-style-type: none"> ▪ 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	<ul style="list-style-type: none"> ▪ 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	<ul style="list-style-type: none"> ▪ 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	<ul style="list-style-type: none"> ▪ 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	<ul style="list-style-type: none"> ▪ 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	<ul style="list-style-type: none"> ▪ 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

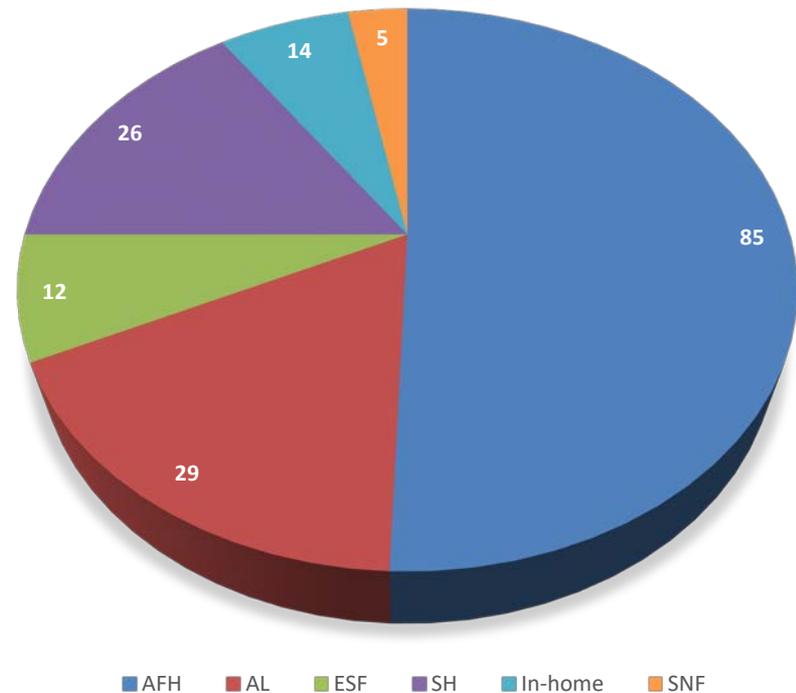


1 additional ESF by summer 2018

Avg. Daily Rate Across Settings Increase from 1st to 3rd quarter

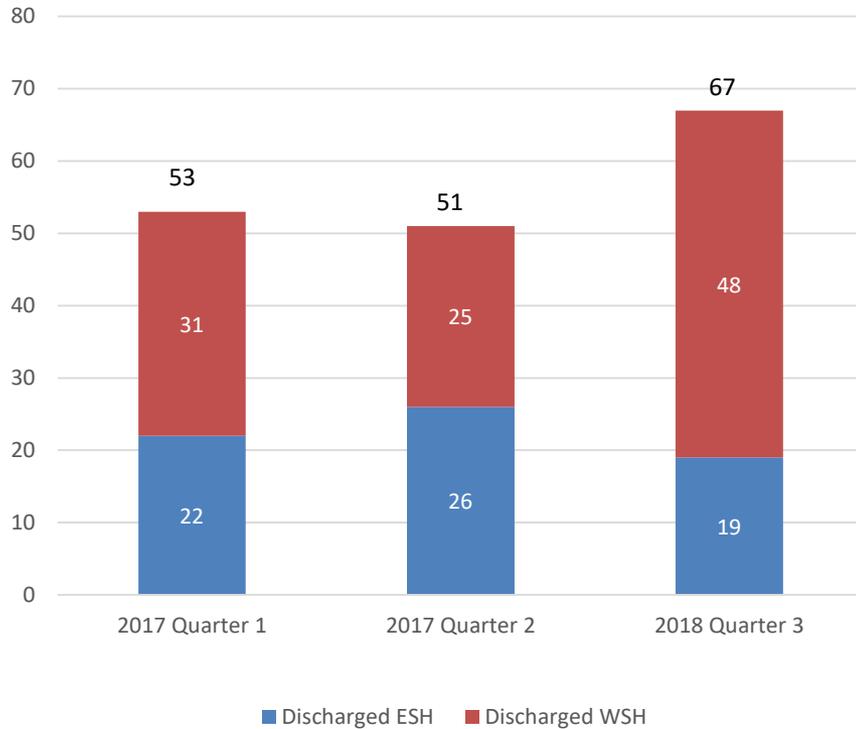
- 1st quarter: \$171.62
- 3rd quarter: \$205.15

State Hospital Discharges by Setting

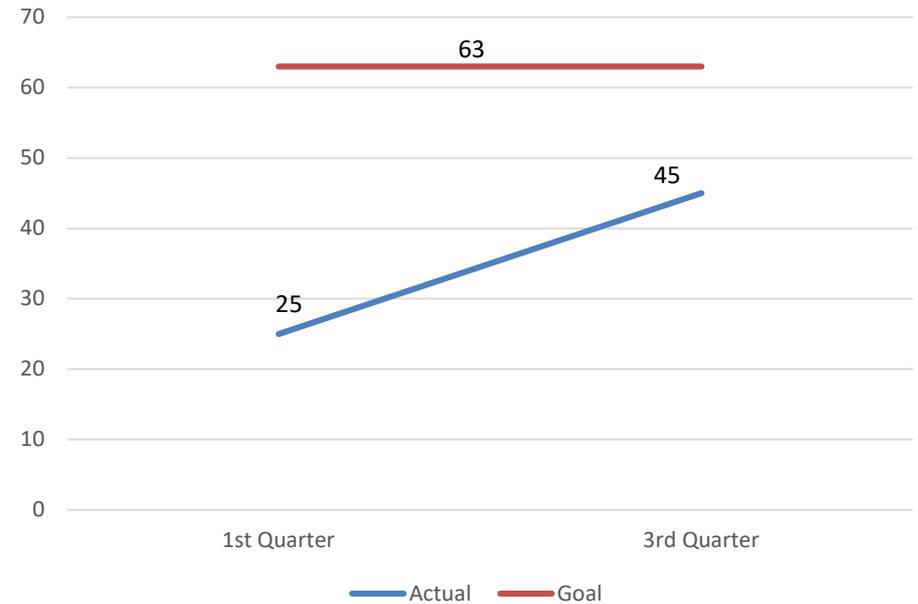


AL TSA's Response to Mental Health Transformation

Quarterly Discharges by State Hospital



Average Assessments Per Month 1st-3rd Quarter



Monthly average assessments increased by 80%

AL TSA'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 AL TSA 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



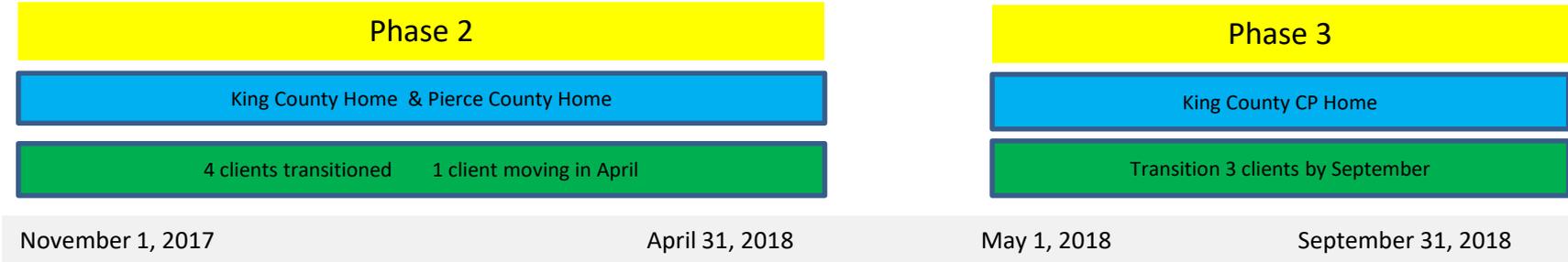
For clients with an unmet need for habilitative residential supports and behavioral health needs.

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



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

Operating Budget



	\$ in Thousands		
	FTEs	GF-S	Total
Phased in	39.8	\$3,489	\$6,902

Who will provide the services?

DDA will train new staff to serve 13 clients.

Trueblood Update

Amber Leaders, Assistant Attorney General
Office of the Attorney General

Ken Taylor, Assistant Secretary
Behavioral Health Administration

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



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



Regional meetings have or will include:

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

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

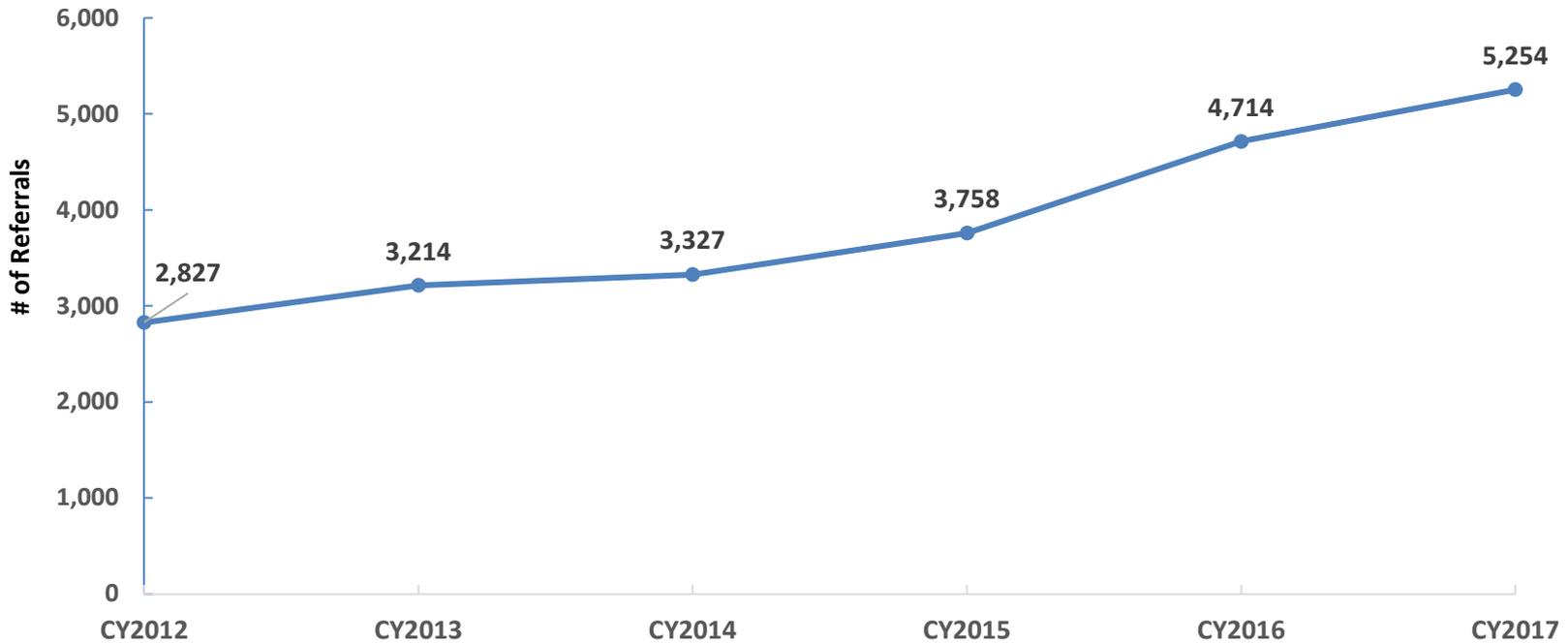
Forensic beds

# of beds	Project	Expected Date	Status
30	30 civil bed conversion to forensic in WSH S10	June 2018	On track to be fully staffed by 6/1 and at capacity by 6/30
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*	
Civil	Forensic
104	206
<i>*snapshot on Monday, April 16, 2017</i>	

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

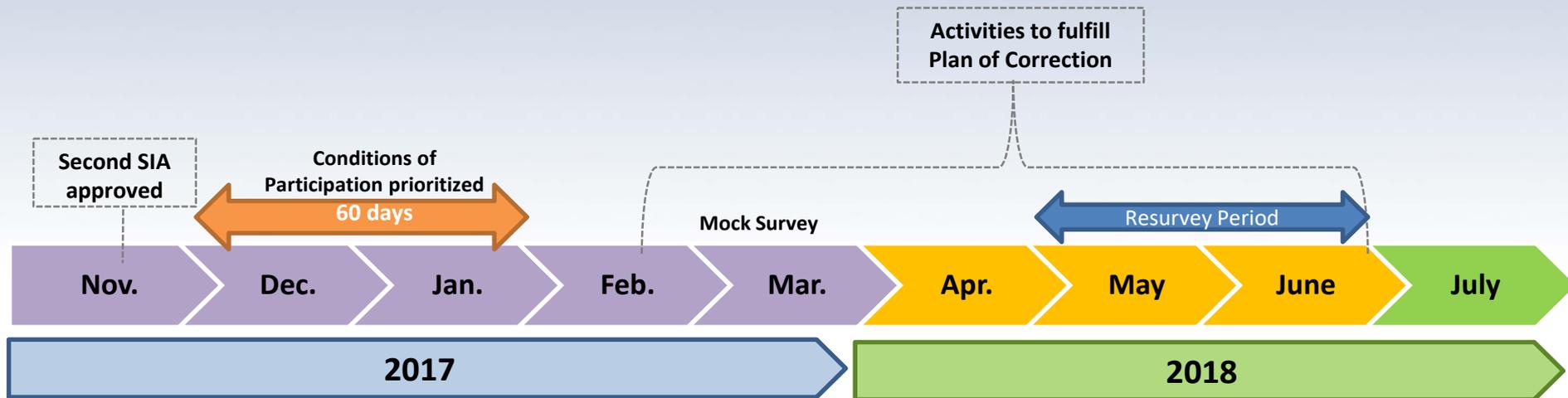
Systems Improvement Agreement Update

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



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

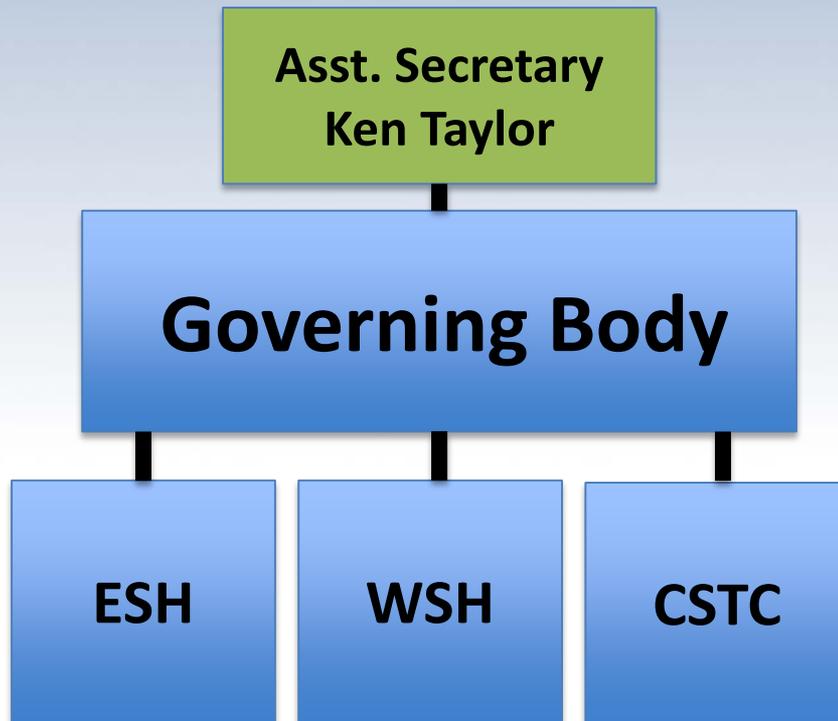
- ✗ CMS initiates 90-day decertification period
- ✗ WSH loses federal funding (\$53M annually)

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



- Leadership
- Accountability
- Communications

Staffing Model Application

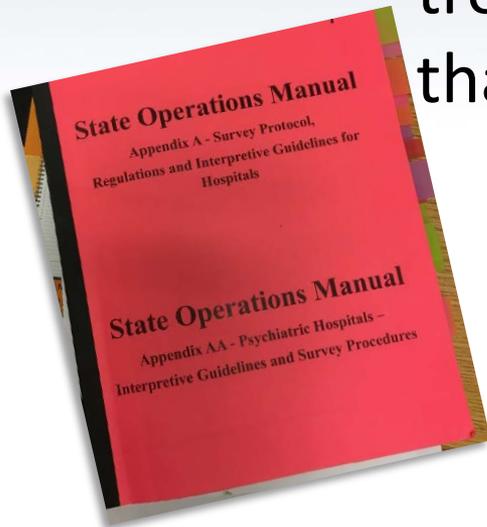
Transforming Lives

DSHS State Hospital Staffing Model										Model Comparison			FY1	FY2	Biennium			
Model A WSH Future State Western State Hospital State Hospital Chung, Chris (DSHS/FSA) 3/27/2018 14:07					Model B WSH Future State 2G Western State Hospital State Hospital Chung, Chris (DSHS/FSA) 4/11/2018 9:27					Model B - Model A								
Total FTE: 2,664.0 Total Expenditures: 593,201,742 Direct Care Expenditures: 295,617,485 Non-Direct Care Expenditures: 195,530,580 Administration & Support Expenditures: 101,993,677					Total FTE: 2,812.3 Total Expenditures: 630,124,420 Direct Care Expenditures: 313,521,014 Non-Direct Care Expenditures: 216,162,964 Administration & Support Expenditures: 100,440,442					Total FTE: 148.3 Total Expenditures: 36,922,677 Direct Care Expenditures: 17,903,529 Non-Direct Care Expenditure: 20,572,384 Administration & Support Exp: (1,553,235)								
Direct Care				Qty	%	FTE	Expenditure	Direct Care				Qty	%	FTE	Expenditure	Adj. Qty	FTE	Expenditure
One-to-one Staff				147.0	100%	147.0	25,669,829	One-to-one Staff				147.0	100%	147.0	25,669,829	-	-	-
WSH Civil Admission Ward				4.0	100%	179.2	41,646,500	WSH Civil Admission Ward				4.0	100%	179.2	41,646,500	-	-	-
WSH Civil Ward				7.0	100%	261.8	60,327,593	WSH Civil Ward				7.0	100%	261.8	60,327,593	-	-	-
WSH Forensic Admission Ward				4.0	100%	164.0	38,348,457	WSH Forensic Admission Ward				3.0	100%	123.0	28,761,343	(1.0)	(41.0)	(9,587,114)
WSH Forensic Ward				6.0	100%	235.2	52,407,709	WSH Forensic Ward				7.0	100%	274.4	61,142,327	1.0	39.2	8,734,618
WSH Geriatric Admission Ward				1.0	100%	43.8	9,410,119	WSH Geriatric Admission Ward				2.0	100%	87.6	18,820,238	1.0	43.8	9,410,119
WSH Geriatric Ward				6.0	100%	260.0	56,075,433	WSH Geriatric Ward				7.0	100%	303.3	65,421,339	1.0	43.3	9,345,906
WSH HHM Ward				2.0	100%	51.2	11,731,846	WSH HHM Ward				2.0	100%	51.2	11,731,846	-	-	-
				-	100%	-	-					-	100%	-	-	-	-	-
				-	100%	-	-					-	100%	-	-	-	-	-
				-	100%	-	-					-	100%	-	-	-	-	-
				-	100%	-	-					-	100%	-	-	-	-	-
				-	100%	-	-					-	100%	-	-	-	-	-
Grand Total						1,342.2	295,617,485	Grand Total						1,427.5	313,521,014	2.0	85.3	17,903,529
Non-Direct Care				Qty	%	FTE	Expenditure	Non-Direct Care				Qty	%	FTE	Expenditure	Adj. Qty	FTE	Expenditure
WSH Non-direct care				1.0	100%	156.8	41,524,317	WSH Non-direct care				1.0	100%	156.8	41,524,317	-	-	-
WSH Physical Medicine 1				1.0	100%	30.0	10,595,255	WSH Physical Medicine 1				1.0	100%	30.0	10,595,255	-	-	-
WSH Physical Medicine 2				1.0	100%	61.0	14,984,661	WSH Physical Medicine 2				1.0	100%	61.0	14,984,661	-	-	-
WSH Psychiatry				1.0	100%	59.0	35,505,814	WSH Psychiatry				1.0	100%	70.8	42,606,377	0.2	11.8	7,101,163
WSH Psychology				1.0	100%	96.0	26,852,203	WSH Psychology				1.0	100%	115.2	32,222,644	0.2	19.2	5,370,441
WSH Rehabilitation				1.0	100%	132.0	25,561,562	WSH Rehabilitation				1.0	100%	132.0	25,561,562	-	-	-
WSH Social Work				1.0	100%	74.0	20,314,817	WSH Social Work				1.0	100%	74.0	20,314,817	-	-	-
WSH Treatment Mall				1.0	100%	80.0	14,721,768	WSH Treatment Mall				1.0	140%	112.0	20,610,475	0.4	32.0	5,888,707
WSH Treatment Team Coordinators				1.0	100%	30.0	5,530,183	WSH Treatment Team Coordinators				1.0	140%	42.0	7,742,257	0.4	12.0	2,212,073
				-	100%	-	-					-	100%	-	-	-	-	-
				-	100%	-	-					-	100%	-	-	-	-	-
				-	100%	-	-					-	100%	-	-	-	-	-
				-	100%	-	-					-	100%	-	-	-	-	-
Grand Total						718.8	195,530,580	Grand Total						793.8	216,162,964	1.2	75.0	20,572,384
Administration & Support				Qty	%	FTE	Expenditure	Administration & Support				Qty	%	FTE	Expenditure	Adj. Qty	FTE	Expenditure
WSH Administration				1.0	100%	41.0	9,582,593	WSH Administration				1.0	100%	41.0	9,582,593	-	-	-
WSH Business Office				1.0	100%	10.0	2,362,017	WSH Business Office				1.0	100%	10.0	2,362,017	-	-	-
WSH Facilities				1.0	100%	6.0	1,141,328	WSH Facilities				1.0	100%	6.0	1,141,328	-	-	-
WSH Food Service				1.0	100%	141.0	17,847,058	WSH Food Service				1.0	100%	141.0	17,847,058	-	-	-
WSH Housekeeping				1.0	100%	120.0	16,670,914	WSH Housekeeping				1.0	100%	120.0	16,670,914	-	-	-
WSH Legal				1.0	100%	10.0	3,017,033	WSH Legal				1.0	110%	11.0	3,318,737	0.1	1.0	301,703
WSH Quality Management				1.0	100%	67.0	13,132,459	WSH Quality Management				1.0	100%	67.0	13,132,459	-	-	-
WSH Security				1.0	100%	163.0	27,547,684	WSH Security				1.0	90%	146.7	24,792,915	(0.1)	(16.3)	(2,754,768)
WSH Staff Development				1.0	100%	33.0	8,998,299	WSH Staff Development				1.0	110%	36.3	9,898,129	0.1	3.3	899,830
WSH Warehouse and Laundry				1.0	100%	12.0	1,894,292	WSH Warehouse and Laundry				1.0	100%	12.0	1,894,292	-	-	-
				-	100%	-	-					-	100%	-	-	-	-	-
				-	100%	-	-					-	100%	-	-	-	-	-
Grand Total						603.0	101,993,677	Grand Total						591.0	100,440,442	0.1	(12.0)	(1,553,235)

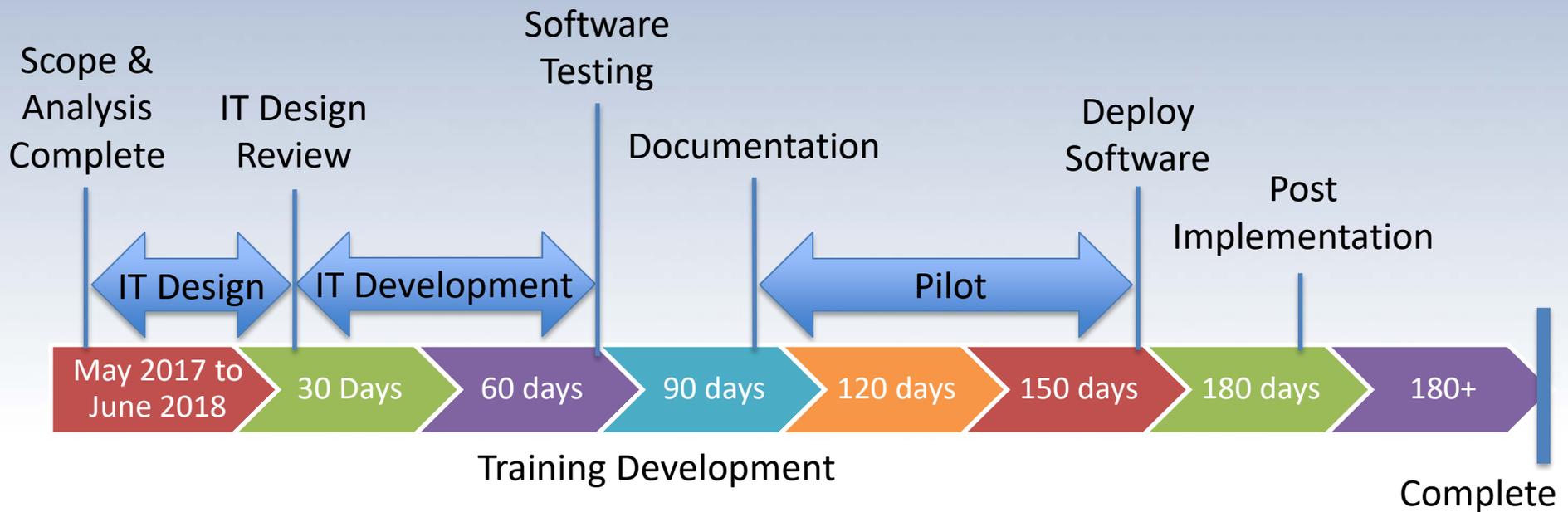
Staffing Model

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:

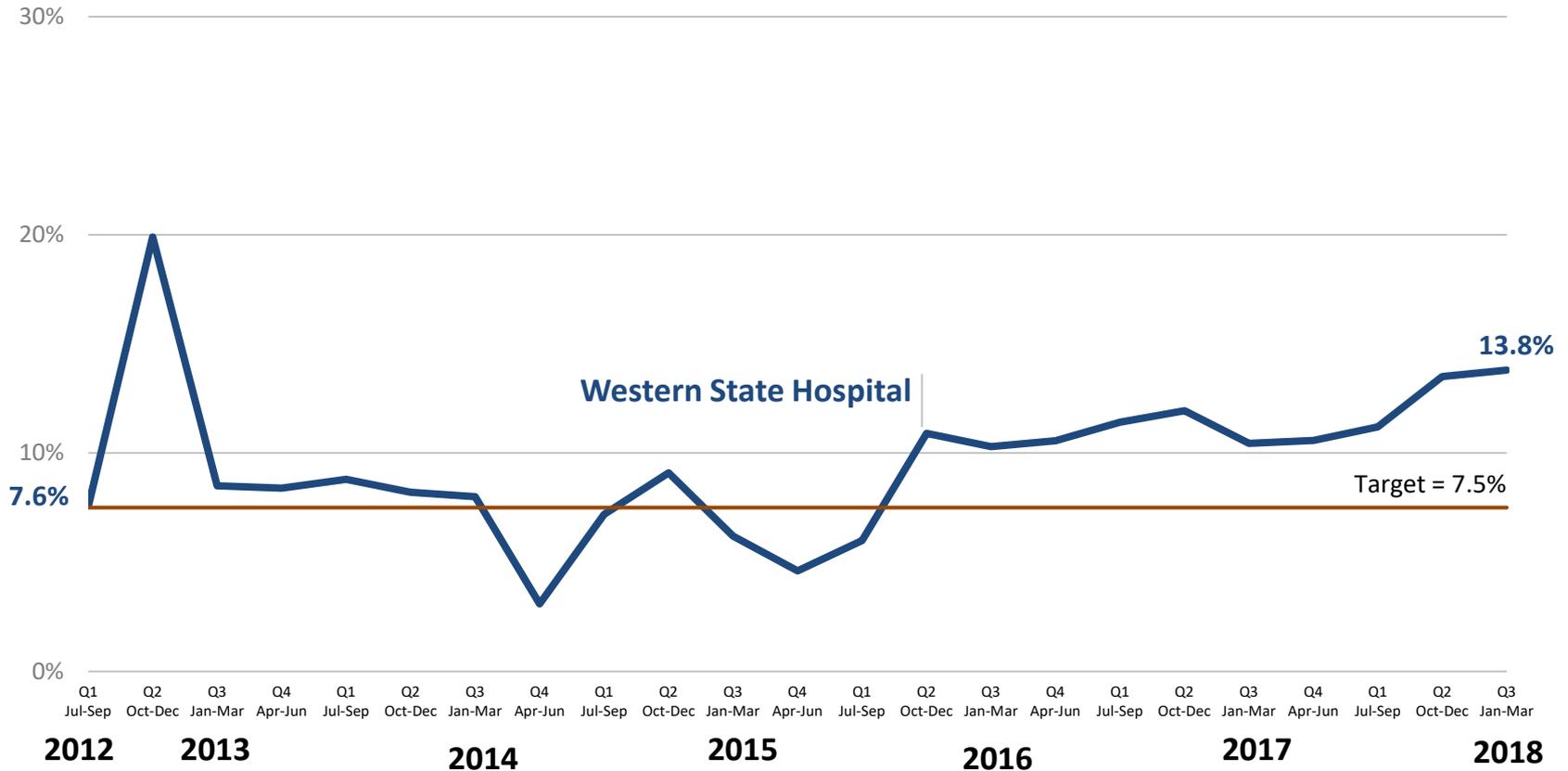
- a. patient care
- b. safety needs of patients
- c. alignment



Creation of Acuity Tool Project Plan



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.

http://emis.dshs.wa.gov/Report/View?definition=ABX.13*197901-999906*13431&format=excel

Based on first two months of Q3

Thank You

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