

DSHS Overview for Select Committee on Quality Improvements in State Hospitals

October 30, 2017

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

Budget Implementation Update

Carla Reyes, Assistant Secretary
Behavioral Health Administration

Evelyn Perez, Assistant Secretary
Developmental Disabilities Administration

Bill Moss, Assistant Secretary
Aging and Long Term Support Administration

ESSB 5883 Implementation - BHA



Bill Section/Deliverable	Status/Anticipated Completion
Section 204 (E) - Crisis Triage/Stabilization Centers	<ul style="list-style-type: none"> ▪ RFI issued in October ▪ Facilities start up on July 1, 2018
Section 204 (F) - CMS Waiver	<ul style="list-style-type: none"> ▪ DSHS and HCA working on amendment to 1115 Waiver ▪ Implementation: July 1, 2018
Section 204 (Q) - Contract w/ Community Hospitals for Long-Term Inpatient Beds	<ul style="list-style-type: none"> ▪ Once parameters for services are agreed upon, a 'Request for Interest' letter will go out - anticipated in November 2017 ▪ 48 Beds on July 1, 2018 & 48 Beds on July 1, 2019
Section 204 (R) - Increase Psychiatric Residential Beds for Individuals in Transition from Inpatient Settings	<ul style="list-style-type: none"> ▪ RFI issued in October ▪ Combined RFI for Sections E & R ▪ Facilities start up July 1, 2018
Section 204 (V) - Clubhouse Services – Statewide Medicaid Program	<ul style="list-style-type: none"> ▪ Behavioral Health State Contract amended for Spokane BHO to include funds for Clubhouse services in October 2017 ▪ Next Steps: DBHR to conduct and complete literature/research in February 2018
Section 204 (Special Projects) - Housing & Stepdown Services - HARPS	<ul style="list-style-type: none"> ▪ Funds added to current BH contract ▪ Currently seven regions providing SH services & bridge subsidies for individuals at risk of entering/exiting inpatient BH facilities ▪ Thurston/Mason BHO identified though decision matrix as next region to provide services ▪ Implementation: January 2018

AL TSA's Response to Mental Health Transformation

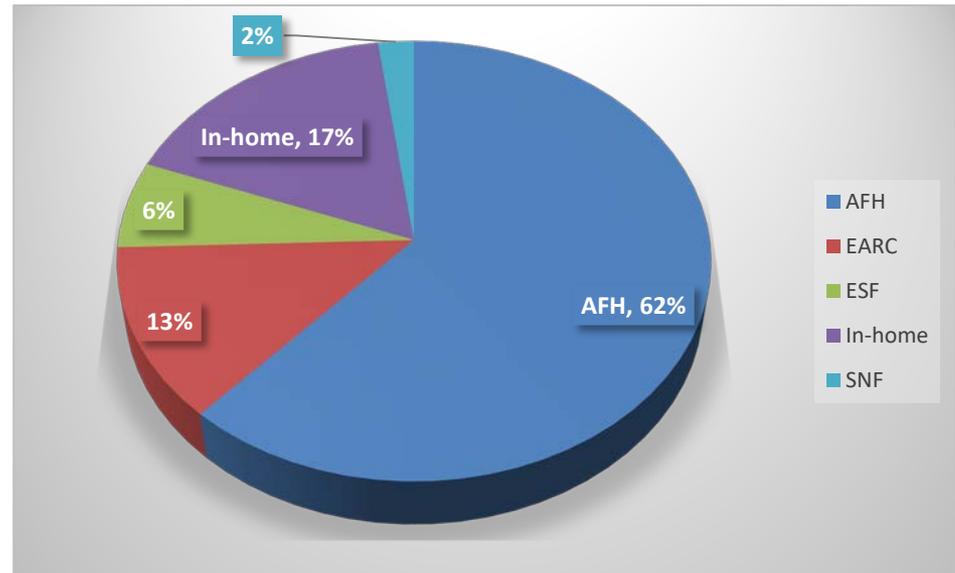
State Hospital Discharges FY 2018



51 individuals discharged from state hospitals



2 additional ESFs by summer 2018*



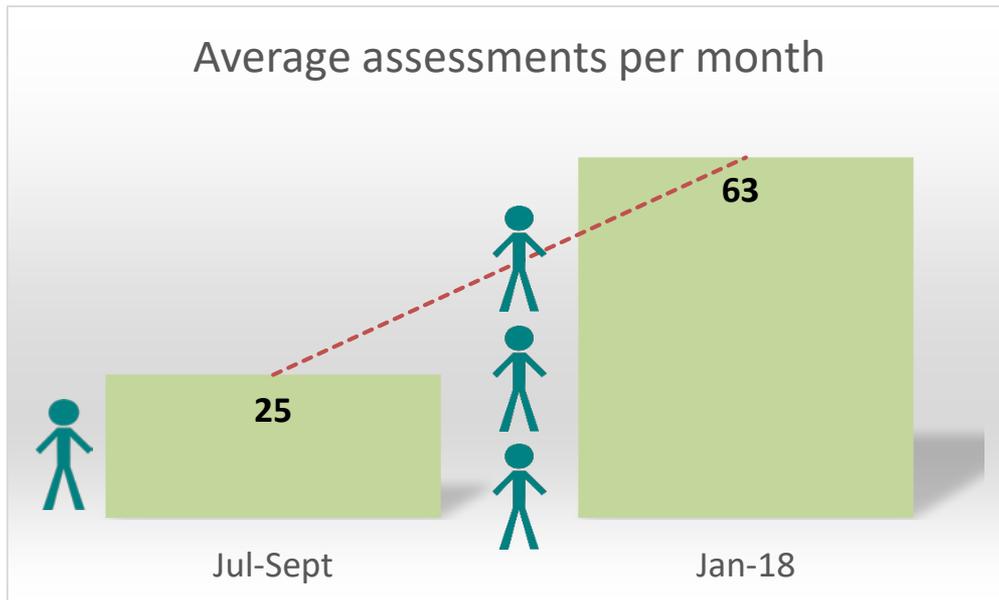
***Capital Budget \$2.3M GF-S per ESF for capital costs. Lack of a capital budget puts additional 3 ESFs on hold.**

2017-2019 Biennium Goals (by June 30, 2019):

- ✓ 138 individuals relocated from state hospitals to community services
- ✓ Provide technical assistance and policy support for LTSS providers to successfully serve individuals transitioning and diverting from state hospitals
- ✓ Develop additional providers and existing provider capacity & skills to serve individuals transitioning from state hospitals

AL TSA's Response to Mental Health Transformation

Building transition teams with dedicated social workers to provide intensive case management and supports



- ✓ **75** total assessments completed
 - Average of **25** assessments per month
- ✓ Projected number of **63** assessments per month once regions are fully staffed
 - **152% increase in average assessments each month**

Next Steps:

- ✓ Early engagement efforts to prepare clients for discharge – Assessing all potentially LTSS-eligible
- ✓ Reduce the number of LTSS eligible individuals awaiting discharge 90 days or greater
- ✓ Dedicated resources to relocate and divert individuals from entering state hospitals:
 - 8 current diversions reported
 - 100% of diverted individuals discharged to AFH settings

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*

*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

Timeline for the first home



What is needed to be successful?

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.

- ✓ New & 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

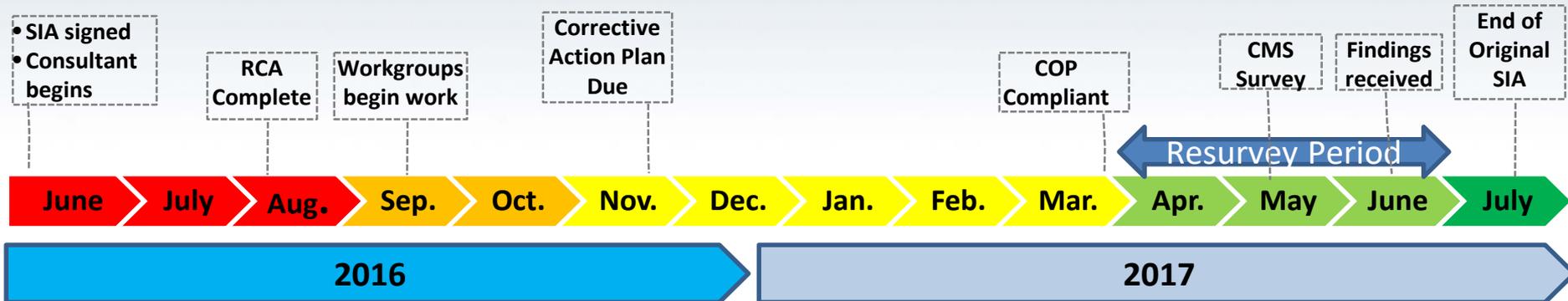
Western State Hospital Update

Carla Reyes, Assistant Secretary
Behavioral Health Administration (BHA)

Marylouise Jones, Interim Chief Executive Officer
Western State Hospital, BHA

WSH SIA—Path to Improved Safety and Care Quality

- Obtain Independent, CMS Approved Consultant
- Maintain existing improvement initiatives
- Commit to implementing additional improvements to ensure safe, quality care



WSH SIA - What's happened since we last met?

****Zero deficiencies in psychiatric care services!!****

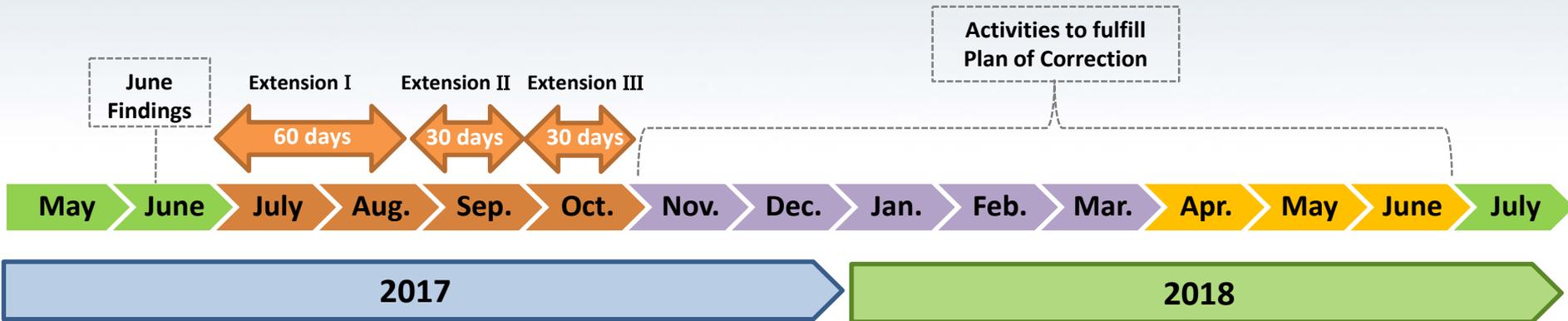
“WSH is the largest hospital in Washington; it is three times the size of UW Hospital and twice the size of Swedish, and we are holding you to those medical, facility, and quality standards.” – CMS Survey Team Exit Interview Comments

Type of Citation	10/15 # of Citations	05/17 # New Citations	05/17 # Repeat Citations
Hospital operations Condition level deficiencies (A Tags)	26	23	10
Psychiatric hospital Condition level deficiencies (B Tags)	10	0	0
Life Safety Condition level deficiencies (K Tags typically fire safety physical plant-related such as sprinklers, doors, electrical equipment, alarms, etc.)	0	24	0

WSH SIA – What’s next?

- Medical Treatment; Specialty Services and Transport to Specialty Care
- Physical Plant and Life Safety
- Quality Assurance and Performance Improvement System
- Patient Rights
- Violence reduction

***Lack of Capital Budget impacts ability to complete several SIA related projects**

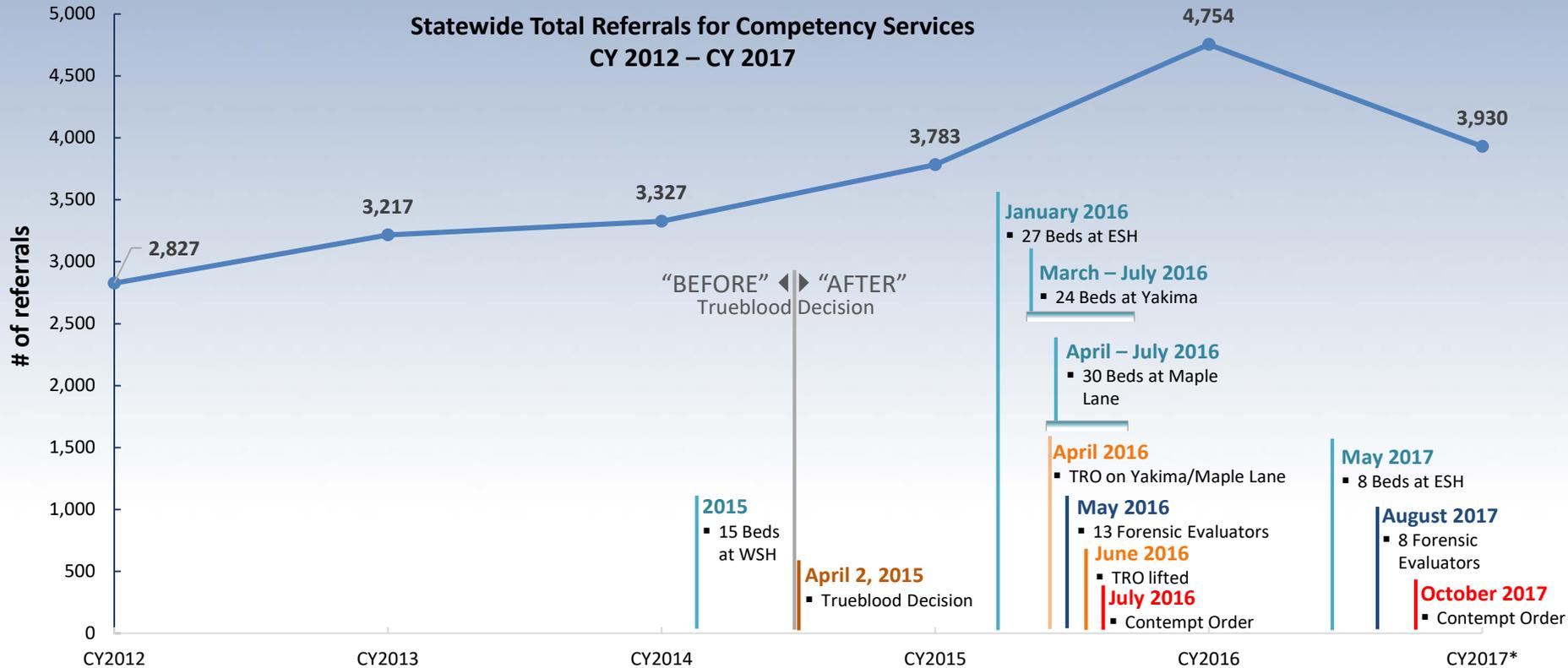


Trueblood Update

Carla Reyes, Assistant Secretary
Behavioral Health Administration

Amber Leaders, Assistant Attorney General
Office of the Attorney General

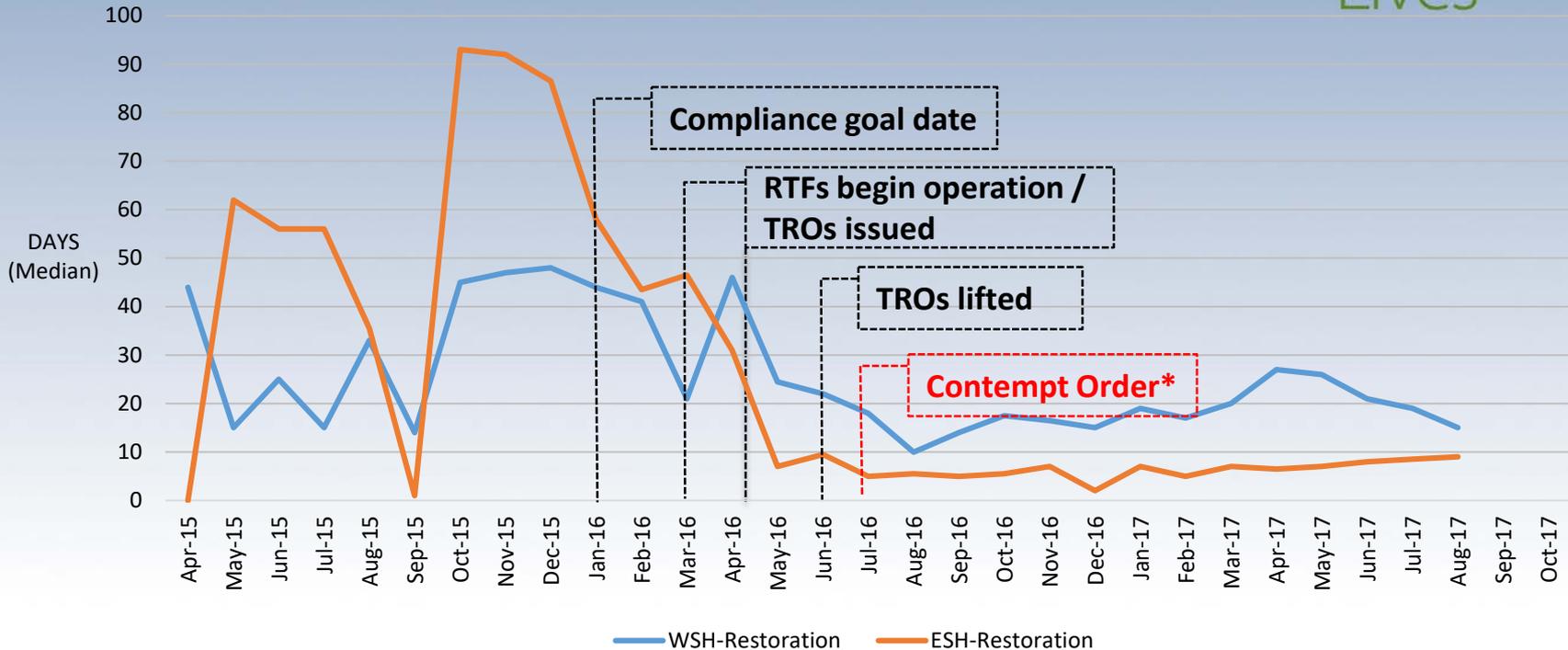
Trueblood Case Actions Related to Competency Evaluations/Restoration Referrals



DATA SOURCE: WSH-FES Modules in Cache Database; ESH-MILO Database
Graph by: Can Du-DSE, October 23, 2017

Note: *CY2017 – Data for CY2017 is from January – September only. Counts do not include those on Personal Recognition. September 2017 is first-look data.

Restorations – Median Median days: order signed to referral completed



DATA SOURCES:

WSH - Forensic Evaluation Services (FES) modules in the Cache database provided by Al Bouvier; ESH - MILO database provided by Yaroslav Trusevich; DSE - Clint Catron, Theresa M Becker, K. Russell Shekha, Al Bouvier. October 2017.

***Lack of Capital Budget has halted movement on construction of additional forensic capacity.**

- * Monetary sanctions for each day spent in jail beyond 7 days waiting for competency evaluation or restoration services
- * \$500 per day for 8-13 days; \$1000 per day for 14+ days; deposited in Court’s Registry until further order
- * Funds to benefit class members and programs to divert from state hospitals
- * Consult w/Court Monitor and develop plans for fund expenditure – due 30 days after first \$ judgment
- * Submit wait time data to Court on 15th of each month along with proposed calculation of contempt fines
- * Fines and monthly reporting requirement to continue until compliance w/7-day standard

Trueblood Fines

July 8, 2016 – October 12, 2017

DATE RANGE FINES INCURRED	\$500 FINES				\$1,000 FINES				TOTAL DOLLARS
	INPATIENT EVALUATIONS		RESTORATIONS		INPATIENT EVALUATIONS		RESTORATIONS		
	DATES	CASES*	DOLLARS	CASES*	DOLLARS	CASES*	DOLLARS	DOLLARS	
7/8/2016 - 7/14/2016	8	\$4,000	73	\$36,500	29	\$29,000	130	\$130,000	\$199,500
7/15/2016 - 8/14/2016	123	\$61,500	225	\$112,500	64	\$64,000	291	\$291,000	\$529,000
8/15/2016 - 9/14/2016	117	\$58,500	290	\$145,000	235	\$235,000	524	\$524,000	\$962,500
9/15/2016 - 10/13/2016	111	\$55,500	416	\$208,000	215	\$215,000	917	\$917,000	\$1,395,500
10/14/2016 - 11/14/2016	158	\$79,000	410	\$205,000	375	\$375,000	1,685	\$1,685,000	\$2,344,000
11/15/2016 - 12/14/2016	111	\$55,500	351	\$175,500	441	\$441,000	1,467	\$1,467,000	\$2,139,000
12/15/2016 - 1/12/2017	64	\$32,000	407	\$203,500	176	\$176,000	1,751	\$1,751,000	\$2,162,500
1/13/2017 - 2/14/2017	65	\$32,500	345	\$172,500	34	\$34,000	1,588	\$1,588,000	\$1,827,000
2/15/2017 - 3/14/2017	110	\$55,000	362	\$181,000	178	\$178,000	1,493	\$1,493,000	\$1,907,000
3/15/2017 - 4/13/2017	110	\$55,000	429	\$214,500	235	\$235,000	1,803	\$1,803,000	\$2,307,500
4/14/2017 - 5/11/2017	137	\$68,500	431	\$215,500	360	\$360,000	1,929	\$1,929,000	\$2,573,000
5/12/2017 - 6/13/2017	172	\$86,000	456	\$228,000	660	\$660,000	2,179	\$2,179,000	\$3,153,000
6/14/2017 - 7/13/2017	99	\$49,500	412	\$206,000	686	\$686,000	1,931	\$1,931,000	\$2,872,500
7/14/2017 - 8/14/2017	66	\$33,000	534	\$267,000	602	\$602,000	2,118	\$2,118,000	\$3,020,000
8/15/2017 - 9/14/2017	168	\$84,000	495	\$247,500	490	\$490,000	2,523	\$2,523,000	\$3,344,500
9/15/2017 - 10/12/2017	124	\$62,000	486	\$243,000	731	\$731,000	2,493	\$2,493,000	\$3,529,000
7/8/2016 - 10/12/2017 Totals	1,743	\$871,500	6,122	\$3,061,000	5,511	\$5,511,000	24,822	\$24,822,000	\$34,265,500

Data Notes:

1) Fines from 5/1/2017 and onward are calculated and summarized based on the modified deadline for inpatient evaluation and restoration services outlined in the order DSHS received on 4/26/2017 adopting the Mediated Settlement Agreement, Dkt. # 389, which states: "DSHS shall admit class members for either inpatient competency evaluation or restoration within the shorter of either a) 7 days from receipt of order or b) 14 days from signature of order".

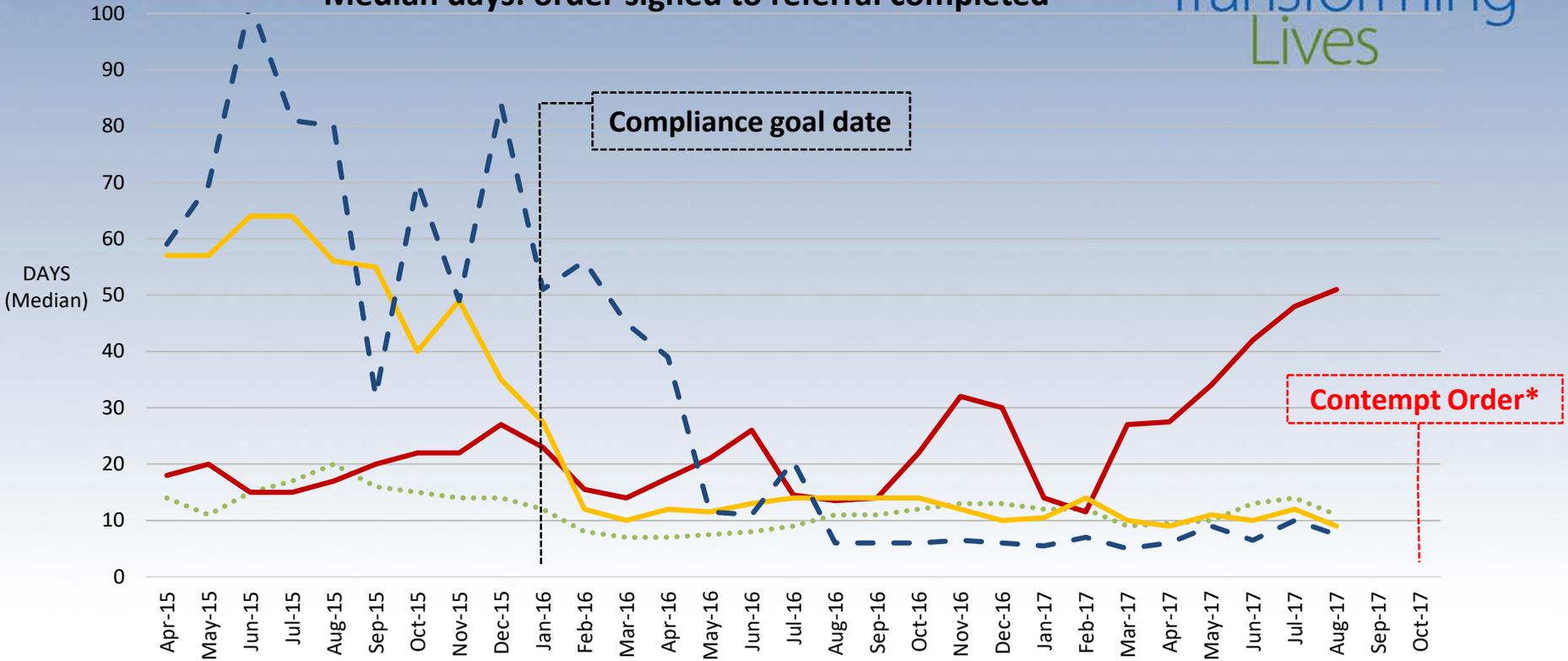
2) *CASES: These are duplicated number of defendants in the reporting time period. Fines are calculated daily based on the number of defendants on the waitlist past the compliance deadlines. A defendant may be on the waitlist past the compliance deadlines on multiple days. In this case, the defendant is counted multiple times when cases are summarized.

Data Sources:

WSH: FES in Cache provided by Al Bouvier; ESH: MILO provided by Yaroslav Trusevich

Compiled by BHA-DSE, Theresa M. Becker | As of October 17, 2017

Evaluations – Median
Median days: order signed to referral completed



DATA SOURCES:

WSH - Forensic Evaluation Services (FES) modules in the Cache database provided by Al Bouvier; ESH - MILO database provided by Yaroslav Trusevich; DSE - Clint Catron, Theresa M Becker, K. Russell Shekha, Al Bouvier. October 2017.

..... WSH-Jail

— WSH-Inpatient

— ESH-Jail

- - - ESH-Inpatient

- * Increase # of evaluators
- * Expand types of professionals to perform evaluations; increase their productivity
- * Pay competitive rate for outside assistance
- * Submit wait time data to Court on 15th of each month
- * Monetary sanctions per class member/day

- * \$750 each of the first 6 days of delay; \$1500 on 7th day and each day after
- * Deposited in Court's Registry until further order
- * **11/21/2017 hearing** - DSHS Director & Governor's Office appear/report on progress; research/report current rate for evaluators in comparable locations and in this region