

**Behavioral Health Administration – Mental Health
030 - M2 - ED - STATE HOSPITAL WAITLIST REDUCTION**

Agency Submittal: 11-2017-19-YR Agency Req

Budget Period: 2017-19

SUMMARY

Under current conditions, there is not enough capacity at the state hospitals to provide timely, safe, quality care to people who need the services to maintain their health. There are three ways to address the growing waitlist for admission to the state hospitals: reduce demand, reduce length of stay, and increase timely discharge. In order to achieve these three goals, the department must implement interventions across the continuum of care. This includes identifying alternate appropriate services in the community to reduce the need for hospital admission, providing timely, appropriate, quality treatment that moves people more quickly to recovery, and coordinating across the behavioral health and housing systems to support effective and timely discharge. The Behavioral Health Administration (BHA) requests \$18,480,000 total funds (\$17,872,000 GF-State) and 34.7 FTEs. Funding will be provided by the Governor's Innovation Fund in fiscal year 2017 (FY17). This request is to continue the funding for services from July 2017 onward.

PROBLEM STATEMENT

In two recent court cases, the state has been considered in contempt for not admitting both forensic and civil clients to the state psychiatric hospitals. Judges are becoming increasingly intolerant and are imposing sanctions against the department that exacerbate the problem as resources are already scarce. In order to meet the statutory requirements for psychiatric services, the department must ensure it's serving people with the most appropriate and effective services that meet their needs in the least restrictive setting. This requires continued improved coordination of resources and continued funding of new and innovative resources and supports.

Beginning in August of 2016, the department, in coordination with the Office of Financial Management, took immediate action to help alleviate this problem.

On the forensic commitment side:

- The Behavioral Health Administration (BHA) is working to ensure maximum use of available beds at Eastern and Western State Hospitals and at the community facilities in Yakima and Maple Lane.
- Continued funding is required to support additional capacity established at the Yakima facility (please see Alternate Restoration Treatment budget request).
- The Administration added eight additional forensic beds.
- The Administration is conducting re-evaluation of forensic clients at 45-day intervals rather than 90 days to more quickly identify patients whose competency has been restored and return them to their home communities to complete their legal processes.



DSHS VISION

People are healthy • People are safe • People are supported • Taxpayer resources are guarded

DSHS MISSION

To transform lives

DSHS VALUES

Honesty and Integrity • Pursuit of Excellence • Open Communication • Diversity and Inclusion • Commitment to Service

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On the civil commitment side:

- The Aging and Long-Term Support Administration (AL TSA) is pushing forward with more Enhanced Service Facility beds, Specialized Behavioral Support beds, Permanent Supportive Housing beds, and Specialized Nursing Facility beds all of which are better equipped to support clients with challenging aging and behavioral health issues.
- DDA is creating a SOLA to offer residential support services for clients with developmental and behavioral health challenges.
- Resources are being dedicated to increase discharge coordination with other behavioral health community settings to ensure clients are receiving services in the most appropriate setting outside of the state hospital.

PROPOSED SOLUTION

In order to continue these initiatives in the 2017-19 Biennium, continued funding is needed for the Aging and Long-Term Support Administration (AL TSA) \$1,724,000 Total Funds, (\$1,092,000 GF-State), DDA \$2,353,000 Total Funds, (\$1,176,000 GF-State) and 15.5 FTE, and BHA \$18,480,000 Total Funds, (\$17,872,000 GF-State) and 34.7 FTE. This funding will maintain programs designed to provide the most appropriate services to people in the least restrictive settings, meet compliance with statutory and constitutional requirements, and reduce costly legal sanctions.

For BHA, the funding will eliminate or significantly reduce the waitlists at the state hospitals.

Funding Investments to Reduce Civil Waitlist:

- Diversion Efforts:
 - Evaluation and Treatment (E & T) Discharge Planners \$3,040,000 Total Funds (\$2,432,000 GF-State), 16.0 FTE.
 - E&T Discharge Planners working with patients in E & T facilities to divert patients to appropriate community settings.
- Specialized Staffing to Support Reduced Length of Stay Efforts:
 - Evidenced Base Practice Program Manager dedicated to design and implement evidence-based programs - \$264,000 GF-State, 1.0 FTE.
 - Guardianship Manager dedicated to coordination of guardianship processes - \$264,000 GF-State, 1.0 FTE.
 - Litigation Specialist dedicated to coordination of litigation issues - \$288,000 GF-State, 1.0 FTE.
 - Active Treatment Staff to facilitate active treatment on wards, weekends and evening - \$698,000 GF-State, 4.0 FTE.

Funding Investments to Reduce Forensic Waitlist:

- Fill vacant Not Guilty by Reason of Insanity (NGRI) beds at Eastern State – \$2,006,000 GF-State, 9.7 FTE.
- Implement 45-day re-evaluations and reduce length of stay – \$2,740,000 GF-State, 10.0 FTE.
- Create additional 24 inpatient bed capacity at the Yakima facility- \$9,180,000 GF-State.

EXPECTED RESULTS

Funding this request will increase access to services in appropriate settings to serve the most vulnerable Washingtonians with complex behavioral health needs. Access to the right level of care in the right settings at the right times will help clients achieve improved health outcomes and reduce costs to the systems of care. Patients served will be able to achieve the goal of recovery and remain in or return to their own communities.

For the civil wait list, adding discharge planners at evaluation and treatment centers will allow clients to be diverted from the state hospitals. The additional FTEs for evidence based practice, guardianship, litigation and active treatment will help reduce the length of stay at the state hospitals.

For the forensic wait list, filling the NGRI beds at Eastern State Hospital will free up beds for forensic clients who need access to beds at Western State Hospital. Conducting more frequent re-evaluations every 45 days and building additional beds in the community will reduce the pressure on getting into the hospitals and create access to clients who need this level of care.

STAKEHOLDER IMPACT

This proposal is expected to have support from the Behavioral Health Organizations, Managed Care Organizations, the Washington State Hospital Association, the Centers for Medicare and Medicaid Services, ALTA, DDA, the Forensic Mental Health System, and the Involuntary Commitment Judicial System and Washington State residents who have a loved one coping or struggling with serious psychiatric illness.

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OTHER CONNECTIONS

Performance Outcomes/Important Connections

1. Does this DP provide essential support to one or more of the Governor's Results Washington priorities?

Goal 4: Healthy & Safe Communities - Healthy People - Provide access to good medical care to improve people's lives.

2. The decision package meets the following DSHS' strategic objectives:

1.1: Protect adults who are vulnerable who live in their own homes and in facilities through timely responses to allegations of abuse and neglect.

3. Identify other important connections or impacts below. (Indicate 'Yes' or 'No'. If 'Yes' identify the connections or impacts related to the proposal.)

- a) Regional/County impacts? Yes, Behavioral Health Organizations, Administrative Service Organizations, Managed Care Organizations, Aging and Long-Term Support Administration and Developmental Disabilities Administration are all impacted by this issue and its resolution.
- b) Other local government impacts? Yes, courts, counties, jails, prosecutors, and defense bar.
- c) Tribal government impacts? Yes, the need for complex behavioral health services affects all populations.
- d) Other state agency impacts? Yes, has potential impact for the Department of Corrections (DOC), the Health Care Authority (HCA), the Department of Health (DOH), and the Department of Commerce (COM).
- e) Responds to specific task force, report, mandate or executive order? Yes, this is in response to court decisions (Trueblood and DW v. DSHS; also related to the Ross v. Inslee settlement agreement).
- f) Does request contain a compensation change or require changes to a Collective Bargaining Agreement? No
- g) Facility/workplace needs or impacts? Yes, likely necessary facility improvements to address behavioral health needs within the different settings proposed.
- h) Capital budget impacts? Yes, may have a capital impact in the next biennium.
- i) Is change required to existing statutes, rules or contracts? No
- j) Is the request related to litigation? Yes, court decisions (Trueblood and DW v. DSHS lawsuits; Ross v Inslee Settlement Agreement).
- k) Is the request related to Puget Sound recovery? No
- l) Other important connections? No

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4. Please provide a detailed discussion of connections/impacts identified above.

This proposal is expected to reduce the waitlist at the state psychiatric hospitals by increasing discharges and providing for more appropriate settings within the community for clients with complex behavioral health issues. Providing the right level of care in the right setting at the right time is critical for the success of clients needing these services and for the citizens of Washington and their communities.

Alternatives/Consequences/Other

5. What alternatives were explored by the agency, and why was this alternative chosen?

If these services are not funded, the alternative is to continue to pay sanctions which do not benefit the clients, the community, or the citizens. The right thing to do is to provide appropriate care settings to help clients with complex behavioral health issues to achieve improved health outcomes.

6. How has or can the agency address the issue or need within its current appropriation level?

The department cannot address all the needs of the behavioral health system within its current appropriation without cutting other essential services.

7. Does this decision package include funding for any IT-related costs (hardware, software, services, cloud-based services, contracts or IT staff)?

- No**
 Yes (Include an IT Addendum)

Fiscal Detail**030 - M2 - ED - State Hospital Waitlist Reduction**

Operating Expenditures	<u>FY 2018</u>	<u>FY 2019</u>	<u>FY 2020</u>	<u>FY 2021</u>
001-1 General Fund-State	8,936,000	8,936,000	8,936,000	8,936,000
001-C General Fund-Medicaid	304,000	304,000	304,000	304,000
Total Cost	9,240,000	9,240,000	9,240,000	9,240,000

Staffing	<u>FY 2018</u>	<u>FY 2019</u>	<u>FY 2020</u>	<u>FY 2021</u>
FTEs	42.7	42.7	42.7	42.7

Performance Measure Detail

Activity:	Incremental Changes			
	<u>FY 2018</u>	<u>FY 2019</u>	<u>FY 2020</u>	<u>FY 2021</u>
Program: 030				
C063 Mental Health Facilities Services	0	0	0	0
No measures submitted for package				

Object Detail

	<u>FY 2018</u>	<u>FY 2019</u>	<u>FY 2020</u>	<u>FY 2021</u>
A Salaries and Wages	2,986,000	2,986,000	2,986,000	2,986,000
B Employee Benefits	1,280,000	1,280,000	1,280,000	1,280,000
E Goods and Other Services	239,000	239,000	239,000	239,000
G Travel	14,000	14,000	14,000	14,000
N Grants, Benefits, and Client Services	4,590,000	4,590,000	4,590,000	4,590,000
P Debt Service	12,000	12,000	12,000	12,000
TZ Intra-agency Reimbursements	119,000	119,000	119,000	119,000
Total Objects	9,240,000	9,240,000	9,240,000	9,240,000

DSHS Source Detail**Overall Funding**

Operating Expenditures	<u>FY 2018</u>	<u>FY 2019</u>	<u>FY 2020</u>	<u>FY 2021</u>
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Fund 001-1, General Fund-State**Sources Title**

0011 General Fund State	8,936,000	8,936,000	8,936,000	8,936,000
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Total for Fund 001-1 **8,936,000** **8,936,000** **8,936,000** **8,936,000**

Fund 001-C, General Fund-Medicaid**Sources Title**

19TA Title XIX Assistance (FMAP)	304,000	304,000	304,000	304,000
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Total for Fund 001-C **304,000** **304,000** **304,000** **304,000**

Total Overall Funding **9,240,000** **9,240,000** **9,240,000** **9,240,000**

