

**Behavioral Health Administration – Mental Health
030 - PL - CR - IMPROVING CHILDREN'S MENTAL HEALTH**

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

Budget Period: 2017-19

SUMMARY

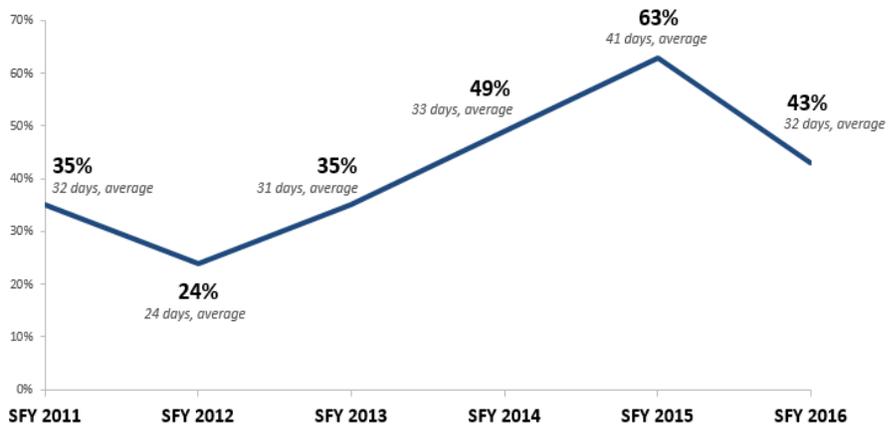
Children’s Long-Term Inpatient Program (CLIP) provides the only long-term inpatient psychiatric treatment for youth who have the most acute and highest behavioral health needs in the state. Due to limited bed capacity and uncompetitive rates, children and youth who are entitled to prompt and medically necessary treatment are waiting between 30 to 90 days for admission to a CLIP program. The Behavioral Health Administration (BHA) requests \$12,076,000 Total Funds (\$6,381,000 GF-State) to improve wait times for children and youth to ensure prompt and medically necessary treatment services.

PROBLEM STATEMENT

Due to limited CLIP capacity, children who are entitled to immediate medically necessary inpatient treatment are waiting between 30 to 90 days to be admitted into a CLIP facility. CLIP is the only long-term psychiatric treatment resource available for children and youth (6-17 years of age) who require the highest level of behavioral health care in Washington State. Addressing extensive wait times for admission to CLIP and forensic services would reduce the time children and youth spend waiting in alternate facilities, such as hospitals, emergency departments, and detention centers.

Extensive wait times for CLIP have remained a long standing issue that is being raised by legal advocates. Medicaid eligible youth are afforded a right to prompt and medically necessary treatment. RCW 71.34.760 requires that the department immediately accept and place the minor in a long-term evaluation and treatment facility. Simultaneously, RCW 10.77 applies to juveniles and establishes performance targets and timelines between 7-14 days for completing competency evaluations and restoration services.

Percent of Children Waiting More than 30 Days for Children's Long-Term Inpatient Program (CLIP)



SOURCE: DSHS BSA, July 2016.

The overall CLIP system bed capacity is also being depleted by private insurance companies that contract with CLIP facilities at a much higher rate than the state reimburses resulting in less access to inpatient psychiatric beds for



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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Medicaid eligible children and youth. The current CLIP bed rate is \$544 per day compared to private insurance whose average reimbursement rate ranges from \$750 to a high of \$1,000 a day.

- Effective July 1, 2017, increase the contracted CLIP reimbursement rate to offer a competitive rate from \$544 to \$750 per day/per day to secure the availability for contracted CLIP beds.
- Provide ten additional state contracted CLIP beds to provide immediate relief to the CLIP waitlist and provide a larger geographical availability of CLIP beds across the state.

EXPECTED RESULTS

Addressing the four factors contributing to longer wait times for CLIP services will assist with the following goals:

- Decrease the number of days youth have to wait to access CLIP beds.
- Secure statewide CLIP bed capacity by offering competitive CLIP reimbursement rates.
- Add 10 additional CLIP beds to the overall CLIP system to decrease the wait times for admission to CLIP.

By funding this request, children and youth that require the highest level of long-term residential psychiatric treatment will be provided with more timely access to CLIP beds and treatment services.

STAKEHOLDER IMPACT

Addressing the issues that have contributed to increasing wait times to be admitted to CLIP has far reaching impacts by providing vulnerable children and youth timely access to needed services. In addition, many youth served in CLIP are also being served by more than one DSHS administration and improved admission times for these youth will assist in decreasing cross system challenges and more costly alternatives. Most importantly, youth that meet medical necessity for CLIP services and those needing forensic services will benefit by improved access to CLIP services and timely completion of forensic evaluation and restoration services.

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Program Contact: Melissa Clarey, (360) 725-1675

OTHER CONNECTIONS

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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:

2.1: Increase availability of mental health services for youth.

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. Addressing extensive wait times for admission to CLIP and forensic services would improve access to CLIP for children and youth across the state that are served by the Behavioral Health Organizations (BHO).
- b) Other local government impacts? Yes. Children and youth that are waiting to access CLIP often wait in alternate facilities such as hospitals, emergency departments, and detention centers.
- c) Tribal government impacts? Yes. Tribal Governments also rely on access to CLIP for services.
- d) Other state agency impacts? Yes. The Health Care Authority also relies on access to CLIP services.
- e) Responds to specific task force, report, mandate or executive order? No
- f) Does request contain a compensation change or require changes to a Collective Bargaining Agreement? No
- g) Facility/workplace needs or impacts? No
- h) Capital budget impacts? Yes, may have a capital impact in the next biennium in order to expand capacity at the Child Study and Treatment Center.
- i) Is change required to existing statutes, rules or contracts? Yes. Contracts with CLIP facilities will need to be amended.
- j) Is the request related to litigation? No. However, there is a risk that failure to increase timeliness of access to CLIP services could result in litigation.
- k) Is the request related to Puget Sound recovery? No
- l) Other important connections? Addressing the issues that have contributed to increasing wait times to be admitted to CLIP has far reaching impacts by providing the most vulnerable children and youth timely access to medically necessary treatment services.

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

By funding this request, BHA expects to provide prompt and medically necessary services to the most vulnerable youth and improve wait times to better align with RCW 71.34.760 and RCW 10.77.068.

The risk of this request not being funded is that children and youth that are eligible for CLIP services will continue to wait for medically necessary and court services in alternate settings that are not resourced or equipped to meet their high level of psychiatric needs. There is indication that these wait times will continue to increase as providers opt to take more private pay children and youth.

Alternatives/Consequences/Other

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

The CLIP Improvement Team (CLIP-IT) that includes DBHR, BHOs, CLIP Parent Steering Committee, and CLIP administrative staff worked for the past several years to improve collaboration and partnering to improve discharge planning and to decrease the average length of stay from 11.5 months to 8.5 months. Despite significant decreases in the length of stay, limited CLIP bed capacity continues to result in extensive wait times for children and youth who require and are medically eligible for CLIP level of inpatient psychiatric care.

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

DSHS has worked to decrease the length of stay, improve access through on-going discharge planning, and address cross system challenges to improve timely admissions and discharges. Although these efforts have resulted in significant improvements in all these areas, extensive wait times remain for children and youth waiting to access CLIP which has been a long standing issue for many years.

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 - PL - CR - Improving Children's Mental Health**

Operating Expenditures	<u>FY 2018</u>	<u>FY 2019</u>	<u>FY 2020</u>	<u>FY 2021</u>
001-1 General Fund-State	3,345,000	3,036,000	3,036,000	3,036,000
001-2 General Fund-Federal	2,660,000	3,035,000	3,035,000	3,035,000
Total Cost	6,005,000	6,071,000	6,071,000	6,071,000
Staffing	<u>FY 2018</u>	<u>FY 2019</u>	<u>FY 2020</u>	<u>FY 2021</u>
FTEs	0.0	0.0	0.0	0.0

Performance Measure Detail

Activity:	Incremental Changes			
	<u>FY 2018</u>	<u>FY 2019</u>	<u>FY 2020</u>	<u>FY 2021</u>
Program: 030				
C018 Mental Health Services - Non-Medicaid	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>
N Grants, Benefits, and Client Services	6,005,000	6,071,000	6,071,000	6,071,000
Total Objects	6,005,000	6,071,000	6,071,000	6,071,000

DSHS Source Detail**Overall Funding**

Operating Expenditures	<u>FY 2018</u>	<u>FY 2019</u>	<u>FY 2020</u>	<u>FY 2021</u>
Fund 001-1, General Fund-State				
<u>Sources</u> <u>Title</u>				
0011 General Fund State	3,345,000	3,036,000	3,036,000	3,036,000
Total for Fund 001-1	3,345,000	3,036,000	3,036,000	3,036,000
Fund 001-2, General Fund-Federal				
<u>Sources</u> <u>Title</u>				
767H Children's Health Ins Prog (CHIP)	2,660,000	3,035,000	3,035,000	3,035,000
Total for Fund 001-2	2,660,000	3,035,000	3,035,000	3,035,000
Total Overall Funding	6,005,000	6,071,000	6,071,000	6,071,000

2017-19 Biennial Budget
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Improving Children's Mental Health
2017-19 Biennial Budget Request

	Beds	Current Rate	FY18	FY19	FY20	FY21
Pearl Street	14	\$ 2,779,840	\$ 2,779,840	\$ 2,779,840	\$ 2,779,840	\$ 2,779,840
NAVOS	10	\$ 1,985,600	\$ 1,985,600	\$ 1,985,600	\$ 1,985,600	\$ 1,985,600
Tamarack	13	\$ 2,581,280	\$ 2,581,280	\$ 2,581,280	\$ 2,581,280	\$ 2,581,280
Administration			\$ 711,280	\$ 711,280	\$ 711,280	\$ 711,280
TOTAL	37	\$ 7,346,720	\$ 8,058,000	\$ 8,058,000	\$ 8,058,000	\$ 8,058,000
State			\$ 4,029,000	\$ 4,029,000	\$ 4,029,000	\$ 4,029,000
Federal			\$ 4,029,000	\$ 4,029,000	\$ 4,029,000	\$ 4,029,000

	Beds	Proposed Rate	FY18	FY19	FY20	FY21
Pearl Street	14	\$ 3,832,500	\$ 1,052,660	\$ 1,052,660	\$ 1,052,660	\$ 1,052,660
NAVOS	10	\$ 2,737,500	\$ 751,900	\$ 751,900	\$ 751,900	\$ 751,900
Tamarack	13	\$ 3,558,750	\$ 977,470	\$ 977,470	\$ 977,470	\$ 977,470
Administration	10%		\$ 278,203	\$ 278,203	\$ 278,203	\$ 278,203
TOTAL	37	\$ 10,128,750	\$ 3,060,000	\$ 3,060,000	\$ 3,060,000	\$ 3,060,000
State			\$ 1,530,000	\$ 1,530,000	\$ 1,530,000	\$ 1,530,000
Federal			\$ 1,530,000	\$ 1,530,000	\$ 1,530,000	\$ 1,530,000

Additional Community CLIP Beds

Start-up Funds - 3 months			\$ 684,375	\$ -	\$ -	\$ -
Services	10		\$ 2,055,000	\$ 2,737,500	\$ 2,737,500	\$ 2,737,500
Administration	10%		\$ 205,500	\$ 273,750	\$ 273,750	\$ 273,750
TOTAL	10		\$ 2,945,000	\$ 3,011,000	\$ 3,011,000	\$ 3,011,000
State			\$ 1,815,000	\$ 1,506,000	\$ 1,506,000	\$ 1,506,000
Federal			\$ 1,130,000	\$ 1,505,000	\$ 1,505,000	\$ 1,505,000

TOTAL			\$ 6,005,000	\$ 6,071,000	\$ 6,071,000	\$ 6,071,000
GF-State			\$ 3,345,000	\$ 3,036,000	\$ 3,036,000	\$ 3,036,000
GF-Federal			\$ 2,660,000	\$ 3,035,000	\$ 3,035,000	\$ 3,035,000

BIENNIAL TOTAL				\$ 12,076,000		\$ 12,142,000
BIENNIAL GF-S				\$ 6,381,000		\$ 6,072,000