

**Aging and Long-Term Support Administration**  
**050 - 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 and support safety for themselves and their communities. Individuals with long-term service and support needs are referred to the Aging and Long-Term Support Administration (AL TSA) for community placement. Currently on any given day, between 30 and 40 people are ready for discharge. AL TSA requests \$1,724,000 (\$1,092,000 GF-State) to transition WSH clients and sustain community living options for those moving into long-term service and support settings, including Skilled Nursing Facilities and supportive housing. The Governor's Innovation Fund in FY17 will provide funding. 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, we must ensure we are 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.
- BHA added eight additional forensic beds.
- BHA 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.

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 care for clients with difficult aging and behavioral health issues.
- The Developmental Disabilities Administration (DDA) is creating a State Operated Living Alternative to care 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 right setting outside of the state hospital.



**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

## 050 - M2 - ED - State Hospital Waitlist Reduction

Once people have ended curative treatment for their mental health conditions are released from WSH into a community long-term care setting, behavioral escalation is a frequent cause of re-hospitalizations, which are expensive and often not the most effective way to address the behaviors. Additional supports will increase access to sustainable community residential options and provide stability to the client and provider. Supporting AL TSA to address these issues within the long-term care system will reduce unnecessary emergency room and psychiatric hospitalization for individuals who do not meet the criteria of crisis as defined in the mental health system.

### PROPOSED SOLUTION

In order to continue these initiatives in the 2017-19 biennium, continued funding is needed for 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 42.7 FTE.

For AL TSA, the funding will provide short-term respite beds for individuals with personal care needs that is in high demand. In order to meet the demand, AL TSA is requesting funding for 4 slots that will be available starting December 2016 and carry forward into 17-19 biennium. The projected cost is \$1,460,000 (\$876,000 GF-State). Finally, one of the main problems for people who have personal care needs in addition to their ongoing mental health support needs in the community is housing. In cooperation with Department of Commerce, the plan is to provide supportive housing and long-term support services to six people living in their own apartments, and provide rental assistance to allow them to maintain a stable residence after discharge from WSH. The projected cost is \$264,000 (\$216,000 GF-State).

### EXPECTED RESULTS

Funding this request will increase access to services in appropriate settings to serve our 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.

Adding more short-term respite beds in nursing homes will allow more people to transition out of WSH more quickly. In addition, the new model of supportive housing along with a subsidy for people who meet Medicaid long term services and supports functional eligibility will assist even more people to successfully transition out of WSH and succeed in a community setting.

### 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 Medicaid and Medicare Services, AL TSA, 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.

Residential providers, housing advocates, aging advocates, and mental health advocates are expected to support the additional services to promote successful residential transitions from the state hospitals to long-term care community settings.

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Program Contact: Bea Rector, (360) 725-2272

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 - Support People - Help the most vulnerable people become independent and self-sufficient.

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

2.1: Ensure seniors and individuals with a disability who are in need of long-term services and supports are supported in their communities.

2.7: Ensure that individuals with complicated personal care and behavioral challenges who reside in state hospitals have an appropriate community placement option through Enhanced Service Facilities.

**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? No
- b) Other local government impacts? No
- c) Tribal government impacts? No
- d) Other state agency impacts? Yes
- 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? No
- i) Is change required to existing statutes, rules or contracts? No
- j) Is the request related to litigation? No
- k) Is the request related to Puget Sound recovery? No
- l) Other important connections? No

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

The supportive housing solution for people with needs for ongoing long-term care and mental health supports will be done in cooperation with the Department of Commerce, to combine their expertise in existing housing programs, as subject matter experts in housing assistance, and rent subsidy programs.

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Alternatives/Consequences/Other

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

One alternative considered was working with Behavioral Health Organizations (BHO) to provide 24/7 crisis response and behavior de-escalation. However, the behavioral escalation without a change in the underlying mental health condition does not meet the same criteria for “crisis” intervention for a BHO as for long-term support situations.

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

While AL TSA has continued to aggressively pursue finding community long-term care placement options for people authorized for release by the state hospitals, there is no funding available for the additional community supports to increase placements and, perhaps more importantly, help maintain those placements during times of crisis. There also is no funding for the additional residential setting placements, such as ESF (beyond what is in the budget already), short-term NH crisis beds, or supportive housing assistance.

**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****050 - M2 - ED - State Hospital Waitlist Reduction**

<b>Operating Expenditures</b>	<b><u>FY 2018</u></b>	<b><u>FY 2019</u></b>	<b><u>FY 2020</u></b>	<b><u>FY 2021</u></b>
001-1 General Fund-State	546,000	546,000	546,000	546,000
001-C General Fund-Medicaid	316,000	316,000	316,000	316,000
<b>Total Cost</b>	<b>862,000</b>	<b>862,000</b>	<b>862,000</b>	<b>862,000</b>
<b>Staffing</b>	<b><u>FY 2018</u></b>	<b><u>FY 2019</u></b>	<b><u>FY 2020</u></b>	<b><u>FY 2021</u></b>
FTEs	0.0	0.0	0.0	0.0

**Performance Measure Detail**

Activity:	Incremental Changes			
	<b><u>FY 2018</u></b>	<b><u>FY 2019</u></b>	<b><u>FY 2020</u></b>	<b><u>FY 2021</u></b>
<b>Program: 050</b>				
E051 Program Support for Long Term Care	0	0	0	0
No measures submitted for package				

**Object Detail**

	<b><u>FY 2018</u></b>	<b><u>FY 2019</u></b>	<b><u>FY 2020</u></b>	<b><u>FY 2021</u></b>
N Grants, Benefits, and Client Services	862,000	862,000	862,000	862,000
<b>Total Objects</b>	<b>862,000</b>	<b>862,000</b>	<b>862,000</b>	<b>862,000</b>

**DSHS Source Detail****Overall Funding**

<b>Operating Expenditures</b>	<b><u>FY 2018</u></b>	<b><u>FY 2019</u></b>	<b><u>FY 2020</u></b>	<b><u>FY 2021</u></b>
<b>Fund 001-1, General Fund-State</b>				
<b>Sources Title</b>				
0011 General Fund State	546,000	546,000	546,000	546,000
<b>Total for Fund 001-1</b>	<b>546,000</b>	<b>546,000</b>	<b>546,000</b>	<b>546,000</b>
<b>Fund 001-C, General Fund-Medicaid</b>				
<b>Sources Title</b>				
19TA Title XIX Assistance (FMAP)	316,000	316,000	316,000	316,000
<b>Total for Fund 001-C</b>	<b>316,000</b>	<b>316,000</b>	<b>316,000</b>	<b>316,000</b>
<b>Total Overall Funding</b>	<b>862,000</b>	<b>862,000</b>	<b>862,000</b>	<b>862,000</b>

**Fact Sheet: Programs and Initiatives**

**Enhanced Services Facilities**

<p><b>Overview</b></p>	<p>The Washington State Legislature developed Enhanced Services Facilities (ESF) in order to provide a community placement option for individuals whose complicated personal care and behavioral challenges do not rise to a level that requires an institutional setting. Rather than extended and unnecessary stays in State Hospitals for residents who are not eligible for inpatient psychiatric treatment, residents who have been assessed as “discharge ready” can be placed in an ESF.</p> <p>The Legislature authorized the Aging and Long-Term Support Administration to develop this new category of licensed residential facilities under Chapter 70.97 RCW. ESFs will support moves from State Hospitals for people who are ready for discharge but would not otherwise have a community placement without this level of service.</p> <p>Enhanced Services Facilities use staffing ratios and behavioral and environmental interventions to serve individuals who are no longer receiving active treatment at a state psychiatric hospital. These facilities offer behavioral health, personal care services and nursing, a combination that is not generally provided in other licensed long-term care settings.</p>
<p><b>Eligibility Requirements</b></p>	<p>The general eligibility requirements for ESF residents are individuals who are at least eighteen years old and require daily care by, or under the supervision of, a mental health professional, chemical dependency professional, or nurse; or assistance with three or more activities of daily living.</p> <p>In addition to the requirements above, the individual must have a mental disorder and/or chemical dependency disorder, organic or traumatic brain injury, or cognitive impairment that results in symptoms or behaviors requiring supervision and facility services.</p> <p>Eligible individuals are those who do not meet the requirements for active treatment at a state hospital, but have not found appropriate placement in other community settings due to: self-endangering behaviors that are frequent or difficult to manage; intrusive behaviors that put residents or staff at risk; complex medication needs which include psychotropic medications; a history of, or likelihood of, unsuccessful placements in other licensed facilities; a history of frequent or protracted mental health hospitalizations; and/or a history of offenses against a person or felony offenses that created substantial damage to property.</p>

**Information Contact**

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2016

**Aging and Long-Term Support Administration**

<b>Authority</b>	Facilities are regulated by Residential Care Services under <a href="#">Chapter 70.97 RCW</a> , <a href="#">Chapter 388-107 WAC</a> and <a href="#">Chapter 388-113 WAC</a> . Parts of Chapters <a href="#">70.96A</a> , <a href="#">71.05</a> , <a href="#">10.77</a> , <a href="#">11.88</a> RCW and <a href="#">Chapter 388-112 WAC</a> also apply to ESFs.
<b>Budget</b>	Regulation of this program is supported by state funds as well as facility licensing fees. ESF residents can be either Medicaid-supported or private pay.
<b>Rates</b>	The Department is authorized to establish license fees sufficient to cover the cost of licensing and enforcement of ESFs.
<b>Partners</b>	Western State Hospital Eastern State Hospital Department of Health Construction Review Services State Fire Marshal's Office Long-Term Care Ombuds Program
<b>Oversight</b>	Residential Care Services is authorized to license and regulate ESFs in accordance with Chapter 70.97 RCW and applicable WAC.  Department of Health Construction Review Services reviews facilities for compliance with rules as they relate to structural safety prior to licensing and when providers make changes to the building.  The State Fire Marshal's Office inspects each facility on an annual basis in accordance with the fire life safety code.

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