

Aging and Long-Term Support Administration
050 - PL - EU - BEHAVIOR SUPPORT INTERVENTION

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

Budget Period: 2017-19

SUMMARY

The current waitlists at Western State Hospital (WSH) to admit new clients and to release people who no longer have a need for curative mental health treatment are unacceptable. 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 \$12,168,000 (\$6,826,000 GF-State) and 17 FTE to transition WSH clients and sustain community living options for those moving into long-term service and support settings, including Adult Family Homes (AFH), Enhanced Service Facilities (ESF), Skilled Nursing Facilities (SNF), and supportive housing.

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 (OFM), 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:

- AL TSA is pushing forward with more ESF 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 (SOLA) 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

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The resources necessary to continue the efforts outlined above are being requested in the State Hospital Waitlist Reduction decision package (M2-ED).

Once people have ended curative treatment for their mental health conditions are released from WSH into a community long-term care (LTC) 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 LTC 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

To reduce AL TSA client use of state or local psychiatric beds, contracted specialists and additional specialized and dedicated state staff are needed. Contracted behavior support resources available 24/7 in the residential setting at times of behavior escalation will provide most of the assistance to providers. AL TSA will provide more intensive LTC case management with lower staff to client ratios for identified clients and add contracted services in the existing Behavioral Supports Waiver. The estimated cost for these contracted services and state staff is \$4,480,000 (\$2,240,000 GF-State) and 15 FTEs.

The contracted enhanced behavior support intervention services will provide response to clients at times of behavior escalation and cross-system transition and crisis planning. This will include clients in Nursing Homes (NH), Assisted Living Facilities (ALF), Enhanced Service Facilities (ESF), and – primarily – Adult Family Homes (AFH). About 650 individuals would receive the additional services in the waiver. Additional supports may convince community providers who currently do not accept state hospital clients with high behaviors to provide services.

The AL TSA intensive case management team will offer additional supports for residential clients and service providers, including:

- Identify, develop, and coordinate specialized community placements in NH, ALF, ESF, and AFH settings that provide supports to meet the needs of this population.
- Create person centered behavior support and service plans for individuals moving into the specialized supports.
- Become certified as trainers of effective de-escalation and positive behavior support modalities in order to provide training and consultation resources to the specialized providers.
- AL TSA case management staffing pattern that allows for specialized teams dedicated to the support of clients at high-risk for psychiatric hospitalization
- Specialized training on positive behavior support approaches

In addition to the people who have already moved or are moving to LTC settings, AL TSA is also proposing moving additional people with high behavior needs to Enhanced Service Facilities (ESF). AL TSA is requesting funding for an additional 16 beds phased in over the 17-19 Biennium at a projected cost of \$3,434,000 (\$1,739,000 GF-State). The ESF setting was created for exactly the purpose of transitioning people with ongoing LTC and behavior management needs from the state hospitals to the community. Although it has been a slow process to obtain capacity with licensed providers, there are currently eight people successfully placed and 12 more in the process of transitioning to ESF placements. Current funding provides capacity for 28 clients. In anticipation of more providers becoming licensed and a continuing need for the service after 28 people are placed, 16 additional beds will be added in the 17-19 Biennium bringing the total ESF capacity to 44 beds.

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There is also a need for Short Term Respite Beds for individuals with personal care needs. In order to meet the demand, AL TSA is requesting funding for eight 8 more slots (in addition to the four created in fiscal year 2017 with the Governors Innovation Fund) to be phased in over FY18 and continue in FY19 and beyond at a projected cost of \$2,736,000 (\$1,641,000 GF-State). This will increase the capacity of individuals able to be transitioned or diverted from state hospitals to short-term stays in Nursing Homes to a total of 12 beds by June 30, 2018.

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 provide supportive housing and long-term support services to 54 people living in their own apartments, and provide rental assistance to allow them to maintain a stable residence after discharge from WSH. The additional clients beyond the six already begun in state fiscal year 2017 with the Governor's Innovation Fund will begin to be placed in July 2017 with 2 placements per month, gradually increasing to 54 by December 2019, bringing the total capacity to 60. The estimated cost for this strategy is \$1,518,000 (\$1,206,000 GFS) along with two FTE.

EXPECTED RESULTS

Adding new Medicaid waiver services for positive behavioral support resources, technical assistance and increased FTE funding for case management to serve 650 clients transitioning or diverted from state hospitals and receiving community LTC services will reduce lengths of psychiatric hospital stays, reduce unnecessary emergency room visits and psychiatric hospitalizations, and support clients to remain in community settings. Adding new residential settings, including Nursing Homes and Enhanced Service Facilities will also 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

Residential providers, such as the Adult Family Home Council, 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 LTC 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?

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

The supportive housing solution for people with needs for ongoing LTC and mental health supports will be done in cooperation with the Department of Commerce, to combine their expertise in existing housing programs and 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 LTC placement options for people authorized for release by the state hospitals, there is not funding available for the additional community supports to increase placements and, perhaps more importantly, help maintain those placements during times of crisis. There also 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 - PL - EU - Behavior Support Intervention**

Operating Expenditures	<u>FY 2018</u>	<u>FY 2019</u>	<u>FY 2020</u>	<u>FY 2021</u>
001-1 General Fund-State	2,718,000	4,108,000	4,378,000	4,419,000
001-C General Fund-Medicaid	2,123,000	3,219,000	3,286,000	3,297,000
Total Cost	4,841,000	7,327,000	7,664,000	7,716,000

Staffing	<u>FY 2018</u>	<u>FY 2019</u>	<u>FY 2020</u>	<u>FY 2021</u>
FTEs	17.0	17.0	17.0	17.0

Performance Measure Detail

Activity:	Incremental Changes			
	<u>FY 2018</u>	<u>FY 2019</u>	<u>FY 2020</u>	<u>FY 2021</u>
Program: 050				
E055 Residential Community Services	0	0	0	0
E051 Program Support for Long Term Care	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	1,009,000	1,009,000	1,009,000	1,009,000
B Employee Benefits	388,000	388,000	388,000	388,000
E Goods and Other Services	135,000	135,000	135,000	135,000
ED Rentals and Leases – Land and Buildings	94,000	94,000	94,000	94,000
G Travel	58,000	58,000	58,000	58,000
J Capital Outlays	12,000	0	0	0
N Grants, Benefits, and Client Services	3,072,000	5,572,000	5,907,000	5,977,000
P Debt Service	5,000	5,000	5,000	5,000
T Intra-agency Reimbursements	20,000	18,000	20,000	2,000
TZ Intra-agency Reimbursements	48,000	48,000	48,000	48,000
Total Objects	4,841,000	7,327,000	7,664,000	7,716,000

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	2,718,000	4,108,000	4,378,000	4,419,000
Total for Fund 001-1	2,718,000	4,108,000	4,378,000	4,419,000

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

19TA Title XIX Assistance (FMAP)	947,000	2,047,000	2,114,000	2,125,000
19UL Title XIX Admin (50%)	1,176,000	1,172,000	1,172,000	1,172,000
Total for Fund 001-C	2,123,000	3,219,000	3,286,000	3,297,000

Total Overall Funding	4,841,000	7,327,000	7,664,000	7,716,000
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Fact Sheet: Programs and Initiatives

Enhanced Services Facilities

<p>Overview</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>Eligibility Requirements</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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Authority	Facilities are regulated by Residential Care Services under Chapter 70.97 RCW , Chapter 388-107 WAC and Chapter 388-113 WAC . Parts of Chapters 70.96A , 71.05 , 10.77 , 11.88 RCW and Chapter 388-112 WAC also apply to ESFs.
Budget	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.
Rates	The Department is authorized to establish license fees sufficient to cover the cost of licensing and enforcement of ESFs.
Partners	Western State Hospital Eastern State Hospital Department of Health Construction Review Services State Fire Marshal's Office Long-Term Care Ombuds Program
Oversight	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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