

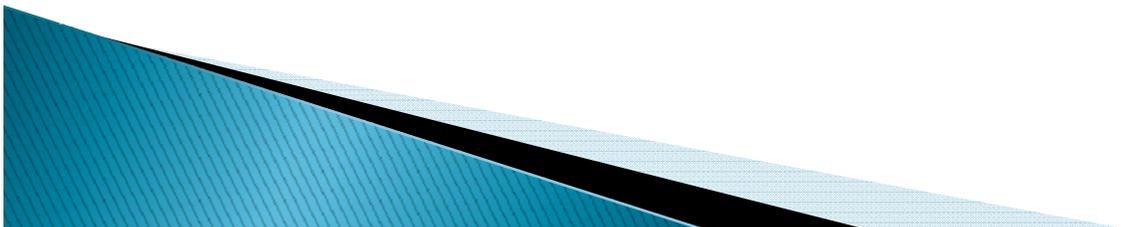


Symposium: Past, Present and Future Mental Health Presentation

Alison Robbins, DHS
Hank Balderrama, DBHR
Vazaskia V. C. Caldwell, DHS

Objectives

- ▶ Mission
- ▶ Washington State Public Mental Health System
- ▶ Legislation
- ▶ RSN Contractual Requirements & Services
- ▶ Barriers
- ▶ National Policy Summit to Eliminate Disparities in Mental Health Care



MISSION

Mission Statement

- ▶ **DSHS:** DSHS will improve the safety and health of individuals, families, and communities by providing leadership and establishing and participating in partnerships.
- ▶ **HRSA:** The Health and Recovery Services Administration (HRSA) provides access to quality health care for Washington's most vulnerable residents.
- ▶ **Mental Health System:** The mission of Washington State's mental health system is to ensure that people of all ages experiencing mental illness can better manage their illness, achieve their personal goals, and live, work and participate in their community. The mission of the Mental Health Division is to administer a public mental health system that promotes recovery and resiliency as well as personal and public safety.



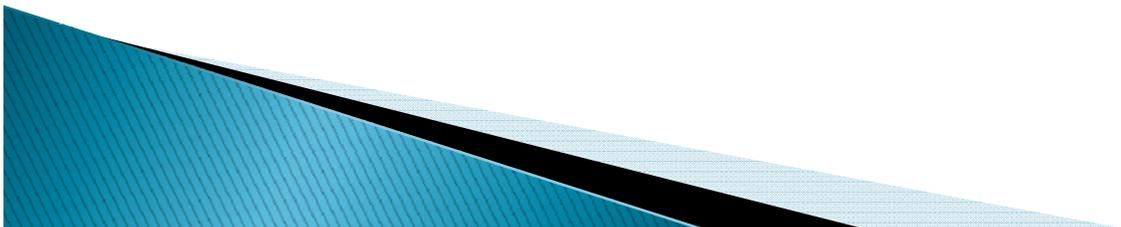
Washington State Public Mental Health System

Outpatient Treatment

County government agencies and 145 private and non-profit organizations provide treatment for most of Washington's estimated 188,100 adults and 74,000 children with mental illnesses.

Counties, and their non-government providers, are organized into

[13 Regional Support Networks \(RSNs\).](#)

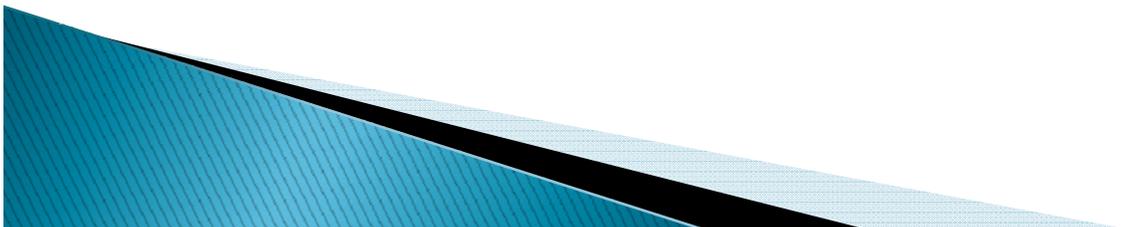


Inpatient Treatment

The state provides inpatient treatment through community hospitals statewide and two adult state-run hospitals:

[Eastern State Hospital](#) in Medical Lake and
[Western State Hospital](#) in Lakewood.

The hospitals are reserved for the most seriously ill or those sent by state courts for evaluation or treatment.



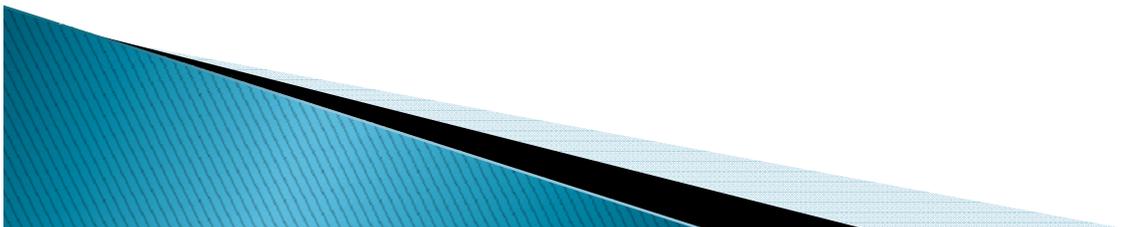
Administration

- ▶ **Staff responsible for oversight:**
 - 3 state hospitals
 - Nearly 200 contracts including approx \$450m per year in contracts for RSNs and Pierce County Providers
- ▶ **Staff functions include:**
 - Oversight and management of Medicaid Waiver and Federal Block Grant
 - Ensuring RSN and provider compliance with federal and state requirements
 - Management of special projects and program initiatives
 - Payment processing, contract audits, monitoring and reporting



Administration (continue)

- ▶ Coordination with allied systems and Tribal Governments
- ▶ Coordinate studies directed by the Legislature– recent studies include: SHB 2654– Consumer Run Services
- ▶ 2SHB 1088 Access to Care & Benefit Design Report
- ▶ Mentally Ill Offender Community Transition Program
- ▶ Workplace Safety in State Hospitals
- ▶ Ward staffing and discharge practices



LEGISLATION

Washington Administrative Codes

WAC 388-865-0150 Definitions

▶ **Mental health professional" means:**

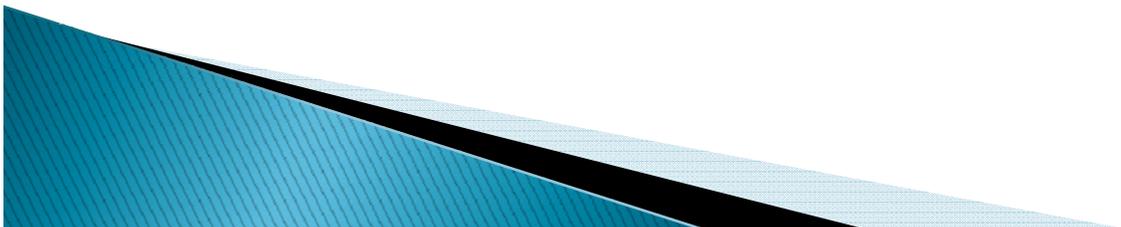
(1) A psychiatrist, psychologist, psychiatric nurse or social worker as defined in chapters [71.05](#) and [71.34](#) RCW;

(2) A person with a masters degree or further advanced degree in counseling or one of the social sciences from an accredited college or university. Such person shall have, in addition, at least two years of experience in direct treatment of persons with mental illness or emotional disturbance, such experience gained under the supervision of a mental health professional;

(3) A person who meets the waiver criteria of RCW [71.24.260](#), which was granted prior to 1986;

(4) A person who had an approved waiver to perform the duties of a mental health profession that was requested by the regional support network and granted by the mental health division prior to July 1, 2001; or

(5) A person who has been granted a time-limited exception of the minimum requirements of a mental health professional by the mental health division consistent with WAC [388-865-0265](#).



WAC 388-865-0150 Definitions

- ▶ **Mental health specialist" means:**

(4) A "disability mental health specialist" is defined as a mental health professional with special expertise in working with an identified disability group. For purposes of this chapter only, "disabled" means an individual with a disability other than a mental illness, including a developmental disability, serious physical handicap, or sensory impairment.

(a) If the consumer is deaf, the specialist must be a mental health professional with:

(i) Knowledge about the deaf culture and psychosocial problems faced by people who are deaf and

(ii) Ability to communicate fluently in the preferred language system of the consumer.

(b) The specialist for consumers with developmental disabilities must be a mental health professional who:

(i) Has at least one year's experience working with people with developmental disabilities; or

(ii) Is a developmental disabilities professional as defined in RCW [71.05.020](#).



WAC 388-865-0260

MH Professionals and Specialist

- ▶ **Mental health professionals and specialists.**

The regional support network must assure sufficient numbers of mental health professionals and specialists are available in the service area to meet the needs of eligible consumers. The regional support network must:

- (1) Document efforts to acquire the services of the required mental health professionals and specialists;

- (2) Ensure development of a training program using in-service training or outside resources to assist service providers to acquire necessary skills and experience to serve the needs of the consumer population;

- (3) If more than five hundred persons in the total population in the regional support network geographic area report in the U.S. census that they belong to racial/ethnic groups as defined in WAC [388-865-0150](#), the regional support network must contract or otherwise establish a working relationship with the required specialists to:

- (a) Provide all or part of the treatment services for these populations; or

- (b) Supervise or provide consultation to staff members providing treatment services to these populations.



RSN Contractual Requirements & Services

RSN Contractual Requirements

- ▶ **Interpretation services** – Available for consumers with primary language other than English and translation and posting of consumer rights in various languages
- ▶ **Mental health services** are provided by or in consultation with a mental health specialist through use of a billable service (Special Population Evaluation and Individual Treatment service modalities)
- ▶ **WAC 388–865–0260** – RSN to assure availability of sufficient numbers of MH professionals and specialists in the service area to meet the needs of eligible consumers



RSN Medicaid Services

- ▶ RSNs assume financial risk under a pre-paid capitated system
- ▶ RSNs administer and manage local inpatient and outpatient services
- ▶ **Inpatient** services provided through Community Hospitals & E&Ts
- ▶ **Outpatient** services provided through subcontracts with CMHAs
- ▶ **Eligibility** criteria and services defined in federally approved state plan & waiver



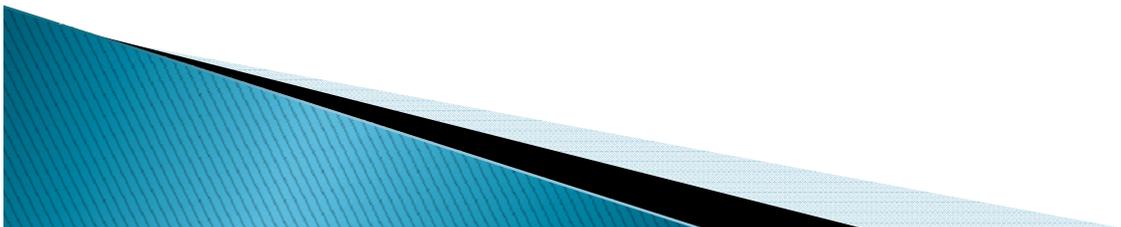
RSN Non-Medicaid Services

- ▶ **Crisis & Involuntary Commitment Services** for all Washington Residents
- ▶ **Psychiatric hospitalization** for low income indigent population
- ▶ **Services not covered under Medicaid** (e.g. room & board for residential care)
- ▶ **Limited outpatient services** for Non-Medicaid individuals within available resources
- ▶ **Special programs per budget proviso** (e.g. PACT Svcs)



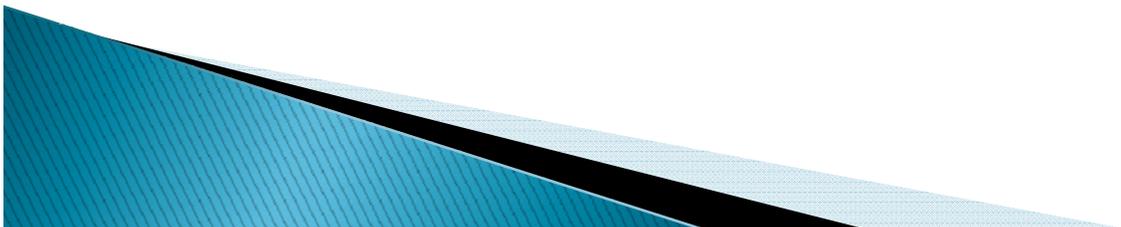
State Hospital

- ▶ Inpatient services for individuals on 90/180 day civil *involuntary treatment orders*
- ▶ Likelihood of serious *harm to self or others* or gravely disabled
- ▶ Specialty wards for individuals with *Dementia and Developmental Disabilities*
- ▶ *Forensic evaluation and treatment* services for individuals referred by the court



State Hospital

- ▶ *Evaluate competency to stand trial* (inpatient and on site in jails)
- ▶ *Treatment to restore competency* to allow individuals to stand trial
- ▶ Inpatient treatment for those found *not guilty by reason of insanity* State Hospital Bed Capacity WSH



Barriers

Mental Health Specialist Barriers to Meeting Requirements

- ▶ Shortage of Mental Health Specialists
- ▶ Inconsistent quality of consultation
- ▶ Mental Health Specialist credentialing requirements difficult to attain
- ▶ Lack of training on how to provide consultation
- ▶ Lack of documentation protocols and/or training on how to document requirements



National Policy Summit to Eliminate Disparities in Mental Health Care

National Policy Summit to Eliminate Disparities in Mental Health Care

- ▶ National Policy Summit to Eliminate Disparities in Mental Health Care was held June 8–11, 2009 in New Orleans, LA
- ▶ Sponsors/Supports: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, Georgetown University National Technical Assistance Center, Georgetown University Center for Cultural Competency
- ▶ States Selected include: Maryland, Massachusetts, New York, Florida, New Mexico and Washington
- ▶ Delegation: Rep. Tina Orwall, Connie Mom–Chhing, Winona Hollins–Hauge, Jeanette Barnes, Rick Crozier, Hank Balderrama, and Vazaskia Caldwell



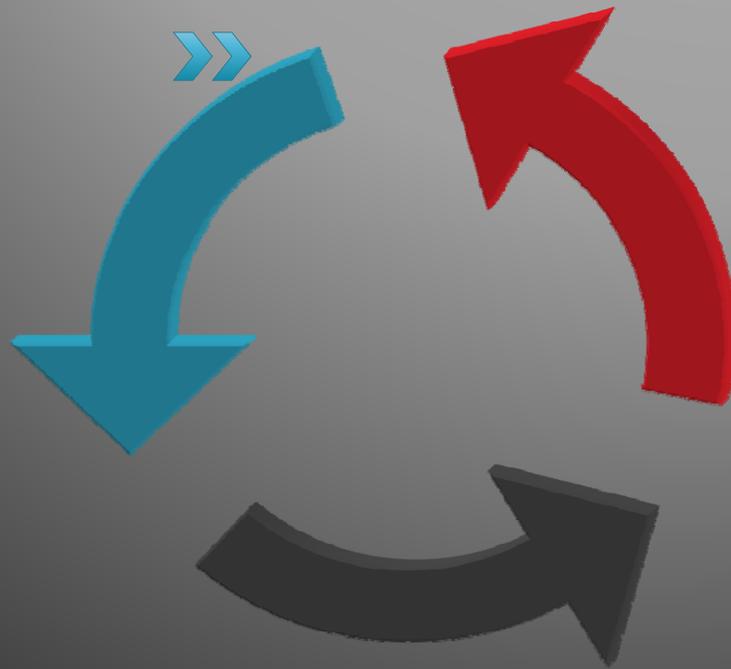
National Policy Summit to Eliminate Disparities in Mental Health Care

- ▶ Delegation Shared Vision:
 - All will have access to and benefit from culturally and linguistically competent mental health care services and supports in their chosen communities

- ▶ Action Plan:
 - Goal 1: Establish baseline data and service delivery capacity by age, race/ethnicity and culture statewide, across service systems
 - Goal 2: Establish policy home with broad partner engagement
 - Goal 3: Ensure workforce capacity and competencies.
 - Goal 4: Set systemic accountability measures



Discussion Period



Thank you!