

**BEHAVIORAL HEALTH & SERVICE
INTEGRATION ADMINISTRATION
Assisted Outpatient Administration**



2016 SUPPLEMENTAL BUDGET

Request	FY16	FY17	15-17
FTE	2.0	2.0	2.0
GF-State	\$140,000	\$134,000	\$274,000
Total	\$234,000	\$224,000	\$458,000

DECISION PACKAGE SUMMARY

The Behavioral Health and Services Integration Administration (BHSIA) requests funding for 2.0 FTEs to administer and manage the implementation of House Bill (HB) 1450. The two program managers will administer and develop the program guidelines, revise the Designated Mental Health Professional (DMHP) protocols and manage and monitor services and program development essential for implementation of Less Restrictive Alternative (LRA) treatment and Assisted Outpatient Services across the state. By funding this request, BHSIA will be able to implement a program that has measurable positive treatment outcomes, efficient coordination with the courts, hospitals, community providers and cost savings by reducing and/or eliminating hospital stays.

PROBLEM STATEMENT

HB 1450 requires that the department establish a best practice for LRA treatment and Assisted Outpatient Services. While the fiscal note for the bill specified that BHSIA would require two program managers, the positions were not funded in the 2015-17 Biennial Budget. To effectively implement the bill, it is essential that program staff be added. Specific tasks necessary to implement the program are: modify DMHP Protocols, construct and deliver training for the court system, DMHPs, state hospital personnel, community mental health agencies (CMHAs) and Regional Support Networks (RSNs). The bill requires substantial change in practice at every step in the system, from the Involuntary Treatment Act (ITA) investigative process, to ITA hearings and superior court practices, to state hospital discharge processes, to the provision, oversight and support for outpatient mental health services within the community.

PROPOSED SOLUTION

The requested funding will fund two staff that will implement HB 1450 by doing the following: construct the program design which needs to start immediately, followed by the modification in protocols that currently govern the LRA petitions, establish community treatment and address monitoring requirements to track the new program services. Training curriculum needs to be developed and delivered for the court system personnel, DMHPs, state hospital staff, CMHA and RSN. Program staff will perform ongoing review and oversight in contract compliance, treatment outcome reports, data monitoring and liaison with courts, conduct site visits and contract reviews to insure the efficacy of the implementation, and oversight of the RSNs/Behavioral Health Organizations (BHO) for the statewide program and to address differences in regional resources (urban, rural and frontier settings) in order to maintain the integrity of the program.



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

EXPECTED RESULTS

The program staff will ensure that there is successful and consistent implementation of the bill. They will maintain consistent communication with RSNs and program sites on the expected best practices and outcomes for all system participants—hospital discharge planners, court personnel, community treatment providers and the assigned clients. Dedicated program staff is necessary to monitor the statewide implementation and the reporting from multiple system participants to ensure the integrity of the Assisted Outpatient Treatment program is not jeopardized.

The goal of eliminating unnecessary costly re-hospitalizations and allowing folks to be treated in their communities depends on successful implementation of the legislation. Improved efficiencies will occur with community treatment providers delivering the LRA program, providing continuity of care for the client, and reducing the risk of returning to the state hospitals for lengthy stays. Positive client supports are easier to establish and maintain in a community setting, which translates to improved outcomes. Additional treatment costs can be reduced by ensuring that the correct level of care is being provided to persons meeting criteria for the LRA program and not using a more intense (and costly) care.

STAKEHOLDER IMPACT

A successful rollout of HB 1450 requires that the department has the necessary resources to develop, monitor and maintain an entirely new way of providing and monitoring LRA services in order to effectively reduce the need for hospitalizations. The successful implementation will be reflected in cost-savings and have positive impact on individual health and public safety.