

**BEHAVIORAL HEALTH SERVICE
 INTERGRATION ADMINISTRATION
 CLIP Capacity**



2016 SUPPLEMENTAL BUDGET

Request	FY16	FY17	15-17
FTE			
GF-State		PLACEHOLDER	
Total			

DECISION PACKAGE SUMMARY

The Behavioral Health Service Integration Administration (BHSIA) requires funding in four areas to improve wait times for youth to receive prompt medically necessary mental health services and treatment in Washington State’s Children’s Long-Term Inpatient Program (CLIP) system. These funds are also necessary to meet a seven-day performance target for forensic services as outlined in Revised Code of Washington (RCW) 10.77.068.

PROBLEM STATEMENT

The CLIP system provides inpatient psychiatric treatment for youth (6-17 years of age) who require the highest level of behavioral health care in our state. Reducing wait times for forensic youth and CLIP admissions will also reduce the time children spend waiting in alternate facilities.

The two primary pathways for admission into CLIP are involuntary-admission, through a 180-day Involuntary Treatment Act (ITA) court order, and voluntary-admission. Under RCW 71.34.760(1), if a child is involuntarily committed on a 180-day ITA court order for inpatient treatment, DSHS has a statutory obligation to “accept immediately and place the minor” in a state-funded long-term evaluation and treatment facility. Currently, due to CLIP bed limitations, youth on 180-day ITA orders are placed on the CLIP waitlist based upon the ITA court order date. From State Fiscal Year (SFY) 2014 to current, children on ITA orders, average 38 days on the wait list until actual CLIP admission. A CLIP waitlist is also maintained for voluntary-CLIP admission.

A seven-day timeframe for admission for forensic services also applies to children. RCW 10.77.068 sets performance targets and deadlines for completing competency evaluations and for admission to the state hospitals for competency services. Because most child forensic services are delivered almost exclusively at one cottage (Orcas) of the state’s child psychiatric hospital (Child Study and Treatment Center), capacity here is currently insufficient to meet timeliness standards.

The overall state-wide CLIP system bed capacity is being supplanted by private insurance companies that contract with state-contracted CLIP facilities at significantly higher reimbursement rates. Current state-contracted CLIP facilities are paid a state reimbursement rate of \$544.00 per bed, per day. Private insurance entities are paying on average \$750 per day, per bed, for the same facilities. CSTC incurs a cost of \$860 per day, per bed. As a result of the above, many beds in



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

the “state CLIP system” are not available because they are serving the private insurance system. An additional complication occurs because children with the toughest behaviors, and forensic services children, are often declined for service by the private state CLIP network meaning they can only be served by the CSTC, and often only two of the CSTC’s cottages are appropriate for them.

Finally, often the Behavioral Rehabilitation System (BRS), which is designed to serve behavioral activities less serious than the CLIP system, is asked to fill the gap until CLIP beds are available. Enhancing the CLIP system will better allow the BRS system to function at the activity level it is designed for.

PROPOSED SOLUTION

- Provide a dedicated seven-bed child forensic unit and one additional child forensic evaluator to allow timely completion of RCW 10.77 competency evaluation and restoration treatments related to children.
- Providing ten additional CLIP beds will allow CSTC to reduce waitlists to acceptable levels.
- Increasing the state-contracted CLIP reimbursement bed rate will offer competitive rates and secure needed contracted CLIP beds from the existing network or new network members.
- Increasing the overall CLIP bed capacity will facilitate the BRS system.

EXPECTED RESULTS

DSHS has struggled with ensuring available bed capacity for services.

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

- Provide better forensic evaluations and restoration services for children within required timelines.
- Provide ITA admissions for children within required timelines.
- Secure current CLIP bed capacity by offering competitive CLIP reimbursement rates.
- Adding additional CLIP beds to the overall CLIP system facilitates the BRS system.

STAKEHOLDER IMPACT

Addressing the issues that have contributed to increased wait time to be admitted to CLIP has far reaching impacts by providing Washington State’s Medicaid population timely access to needed services. In addition, many youth served in CLIP are also being served by more than one DSHS child-serving agency and improved admission times for these youth will assist in decreasing cross-system challenges. Most importantly, youth that meet medical necessity for CLIP and those needing forensic services will benefit by improved access to those services and timely completion of forensic evaluation and restoration services.



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