

**Behavioral
Health and Service
Integration
Administration**

Jane Beyer, *Assistant Secretary*

2013-2015

Strategic Plan

January 2014



Washington State
Department of Social
& Health Services

We transform lives

VISION

People are healthy,
safe and supported

MISSION

To transform lives by
supporting sustainable
recovery, independence
and wellness

VALUES

Excellence in Service
Respect
Collaboration and Partnership
Diversity
Accountability
Teamwork and Cooperation

Behavioral Health and Service Integration Administration (BHSIA) provides prevention, intervention, inpatient treatment, outpatient treatment and recovery support to people with addiction and mental health needs.

Over the last biennium:

- 203,000 clients participated in mental health treatment provided through 11 Regional Support Networks (RSN's)
- 95,000 clients participated in substance abuse treatment
- 51,000 clients participated in substance abuse prevention activities, and
- 688 clients participated in gambling treatment

BHSIA operates three state psychiatric hospitals. Eastern State Hospital and Western State Hospital deliver high quality inpatient psychiatric care to adults who have been committed through the civil or criminal court system for treatment and/or competency restoration services. The Child Study and Treatment Center provides inpatient psychiatric care and education to children ages 5 to 17 that cannot be served in less restrictive settings in the community due to their complex needs.

The hospitals have a combined inpatient capacity to serve 1,100 patients.

In addition to providing inpatient services, the hospitals also provide outpatient forensic services for individuals who are in jail awaiting an evaluation or for whom the courts have ordered an out of custody competency evaluation.

BHSIA has 2,804 employees and a biennial budget of \$1.9 billion.

BHSIA's core services focus on:

- **Individual Support** - Providing support to clients who face challenges related to mental illness or addictions, including the prevention of substance abuse and gambling addiction.
- **Health Care Quality and Costs** - Designing and implementing integrated care systems, in conjunction with other DSHS administrations and the Health Care Authority (HCA) to improve client health outcomes and contain health care costs.
- **Administration** - Providing management infrastructure to support administrative functions such as accounting, fiscal, forecasting, contracting and information technology for BHSIA, Developmental Disabilities Administration (DDA) and Aging and Long Term Support Administration (AL TSA).

DSHS Goals

Goal 1

HEALTH – Each individual and each community will be healthy.

Goal 2

SAFETY – Each individual and each community will be safe.

Goal 3

PROTECTION – Each individual who is vulnerable will be protected.

Goal 4

QUALITY OF LIFE – Each individual in need will be supported to attain the highest possible quality of life.

Goal 5

PUBLIC TRUST – Strong management practices will be used to ensure quality and efficiency.

Governor Jay Inslee's Results Washington Goals

BHSIA is a partner in Governor Jay Inslee's Results Washington, a focused effort to create effective, efficient and accountable government. Within **Results Washington** Goal Area 4, BHSIA has lead responsibility for four success metrics under the *Healthy Youth and Adults* success indicator.

BHSIA's **Results Washington** success metrics are:

- Increase the number of adults (18 and older) receiving outpatient mental health services from 56,000 to 62,000 by June 30, 2015.
- Increase the percent of mental health consumers receiving a service within seven days after discharge from inpatient settings from 59 percent to 65 percent by December 31, 2014.
- Increase outpatient chemical dependency treatment retention for adults from the FY 2012 average of 68 percent to 70.7 percent by June 30, 2015.
- Increase outpatient chemical dependency treatment retention for youth from the FY 2012 average of 74 percent to 76.2 percent by June 30, 2015.

Department of Social and Health Services (DSHS) Goals

As a member of the DSHS Team, BHSIA also has lead responsibility for performance metrics that fit within DSHS' Departmental goals. DSHS has the following five broad goals:

- **Health** – Each individual and each community will be healthy.
- **Safety** – Each individual and each community will be safe.
- **Protection** – Each individual who is vulnerable will be protected.
- **Quality of Life** – Each individual in need will be supported to attain the highest possible quality of life.
- **Public Trust** – Strong management practices will be used to ensure quality and efficiency.

BHSIA has the following success metrics in support of the DSHS Goals listed below:

Health:

- Increase the percent of mental health consumers receiving a service within seven days after discharge from inpatient settings.
- Increase the number of adults (18 and older) receiving outpatient mental health services while maintaining or decreasing current inpatient utilization levels.
- Increase the number of youth (under age 18) receiving outpatient mental health services while maintaining or decreasing current inpatient utilization levels.
- Maintain the percent of participants in evidence-based BHSIA funded chemical dependency prevention programs.
- Increase outpatient chemical dependency treatment retention for adults.
- Increase outpatient chemical dependency treatment retention for youth.
- Decrease the rate of patient-to-staff assault claims filed at Eastern State Hospital and Western State Hospital.
- Decrease the quarterly rates of seclusion hours at Eastern State Hospital and Western State Hospital.

Goals

- Decrease the quarterly rates of restraint hours at Eastern State Hospital and Western State Hospital.
- Decrease the quarterly rates of seclusion hours and restraint hours at the Child Study and Treatment Center.
- Increase the rates of active treatment hours delivered at Eastern State Hospital and Western State Hospital.
- Improve health outcomes for individuals with high medical risk factors.
- Improve health outcomes, coordination of care and the individual's experience of care through the HealthPath Washington Integration demonstration project.
- Increase the number of Tribal Mental Health Programs that have completed the attestation process or made substantial gains towards licensure.

Safety:

- Decrease the number of adults waiting in jail more than seven days for inpatient competency evaluations from Eastern State Hospital and Western State Hospital.

Quality of Life:

- Increase the rates of employment and earnings for individuals receiving BHSIA chemical dependency treatment.

Strategic Plan

Below are the details of our Strategic Plan to meet our Strategic Objectives. Each Strategic Objective is discussed under its larger DSHS goal area. Each Strategic Objective includes a statement of importance, a quantified success measure, a timeline for achieving it and, most importantly, an Action Plan.

BHSIA Strategic Objectives are monitored and reported quarterly at <http://ppa.dshs.wa.lcl/CoreMetrics/Pages/ExcelNEW.aspx>. Each BHSIA Action Plan will be updated quarterly.

Strategic Objectives, Importance, Success Measures and Action Plans

DSHS Goal 1: Health - Each individual and each community will be healthy.

Strategic Objective 1.1: Increase the percent of mental health consumers receiving a service within seven days after discharge from inpatient settings.

Importance: Persons who receive outpatient services shortly after discharge from an inpatient setting are less likely to require rehospitalization or crisis services. This emphasis on increasing timely access to local community mental health services supports consumer access to services with better outcomes, is cost efficient, and leads to healthier, safer, and more productive communities.

Success Measure: Increase the percent of mental health consumers receiving a service within seven days after discharge from inpatient settings from the second quarter FY 2013 average of 59 percent to 65 percent by December 31, 2014.

Action Plan:

- Collect data and identify potential participants in anticipation of future Lean process.
- When an RSN is not meeting its performance target specified in contract, use corrective action plans to increase RSN accountability (Note: each RSN has a different target based on its baseline performance – the 65 percent success measure above is a statewide average).

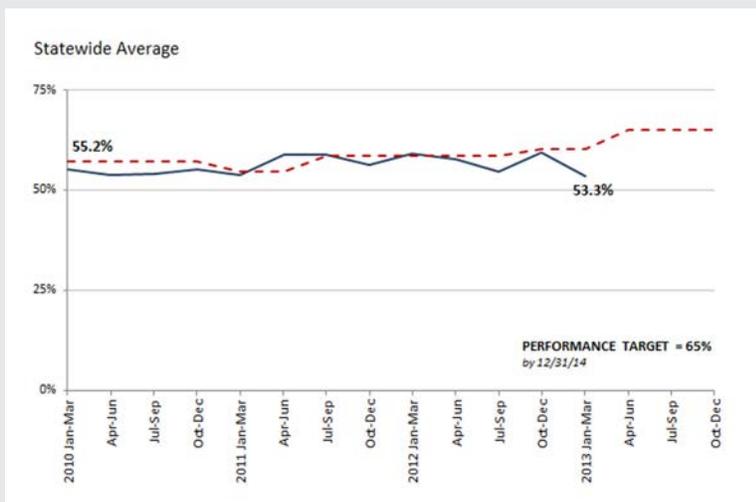
“This is my home. It's easy now, and accessible for me and to get where I need to go.”



Examples of RSN actions taken to date:

- Improved communication with community hospitals regarding planned and unplanned discharges.
- Work with provider agencies to increase opportunities for client engagement, with attention to clients who have a history of missing appointments.
- Develop further information tracking systems to better connect and serve individuals upon discharge from community inpatient settings.
- Work to increase coordination between RSNs when individuals move to a new RSN area.
- Review and modify contracts with providers to better define and track their adherence to meeting the measure.
- Use payment structures to incentivize meeting the measure.
- Use peer support outreach and engagement.

CHART 1.1 Increase the percent of mental health consumers receiving a service within 7 days after discharge from inpatient settings from the second quarter FY 2013 average of 59 percent to 65 percent by December 31, 2014.



Strategic Objective 1.2: Increase the number of adults (18 and older) receiving outpatient mental health services.

Importance: Many individuals in need of mental health treatment have had to rely on the crisis system for care due to their lack of insurance coverage. Providing access to outpatient mental health services for these individuals through expanded Medicaid should reduce reliance on crisis services and increase the opportunity for persons with mental illnesses to receive community based services, recover and improve their quality of life. It also should reduce costs for crisis and long term inpatient services.

Success Measure: Increase the number of adults (18 and older) receiving outpatient mental health services from the third quarter FY 2013 average of 56,000 to 62,000 by June 30, 2015 while maintaining or decreasing current inpatient utilization levels.

Action Plan:

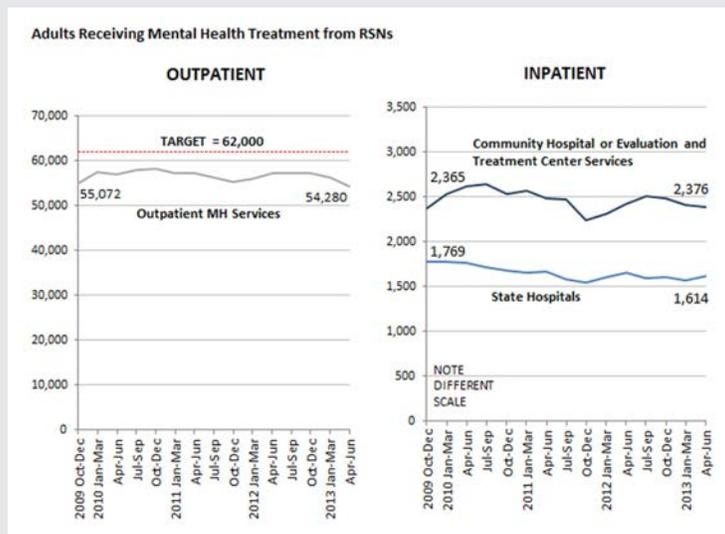
- Collect data and identify potential participants in anticipation of future Lean process.
- Provide additional funding appropriated in the 2013-2015 operating budget to RSNs to serve adults newly eligible for Medicaid, including expansion of community based crisis intervention and diversion services.

“He’s good. Not like the others that just asked me questions. He’s making me get healthy and check to make sure I’m using the treadmill. He’s making sure I’m thinking straight and that I’m going to school. I don’t like doing it but he’s making sure I save money.”



- Require RSNs to submit quarterly reports detailing their actions to encourage enrollment of the new Medicaid expansion population. BHSIA will use RSN monthly meetings to problem solve with RSNs and develop strategies to increase enrollment. RSNs who do not demonstrate increased enrollment will be required to submit Corrective Action Plans.
- Collaborate with other DSHS administrations, the Health Care Authority and the Washington Health Benefits Exchange on a comprehensive information campaign to enroll people who previously were not eligible for Medicaid and therefore had very limited access to mental health services.

CHART 1.2 Increase the number of adults (18 and older) receiving outpatient mental health services from the third quarter FY 2013 average of 56,000 to 62,000 by June 30, 2015, while maintaining or decreasing current inpatient utilization levels



Strategic Objective 1.3: Increase the number of youth (under age 18) receiving outpatient mental health services while maintaining or decreasing current inpatient utilization levels.

Importance: Expanding the array of available outpatient mental health services and supports beyond those currently offered to children and youth, particularly those with the most serious challenges, can reduce long-term costs and improve their quality of life.

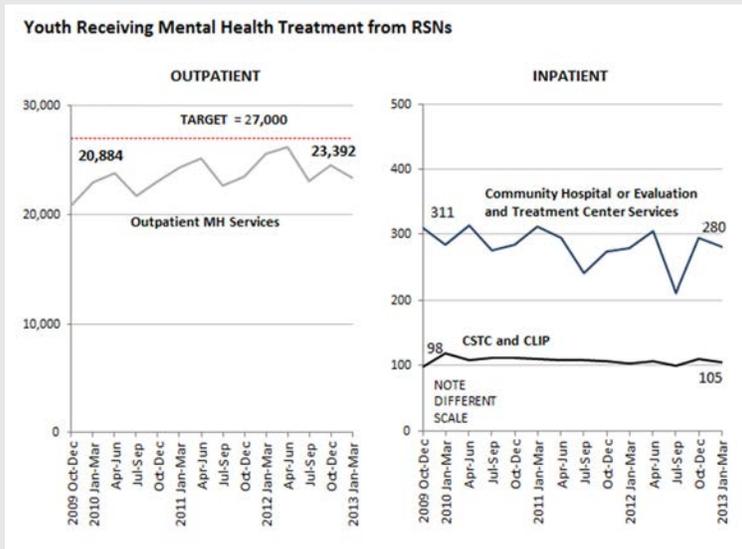
Success Measure: The number of youth receiving outpatient mental health services will increase from the third quarter FY 2013 average of 24,000 to 27,000 by June 30, 2015, while maintaining or decreasing inpatient utilization.

Action Plan: Utilize the Key Children’s Mental Health Improvement Strategies identified in the System of Care initiative and the Children’s Mental Health Redesign plan. The elements of these efforts work together to:

- Increase the use of intensive, wraparound community-based mental health services and supports that research has shown to be most effective.
- Focus on strategies to use inpatient care more efficiently.
- Enhance transition planning to reduce inpatient length of stay.
- Increase youth and family leadership at all levels of system to affect change.
- By December 31, 2014, increase the use of evidence and research based practices within Community Mental Health Agencies (CMHA’s).



CHART 1.3 Increase the number of youth receiving outpatient mental health services from the third quarter FY 2013 average of 24,000 to 27,000 by June 30, 2015, while maintaining or decreasing inpatient utilization.



Strategic Objective 1.4: Maintain the percent of participants in evidence-based BHSIA funded chemical dependency prevention programs.

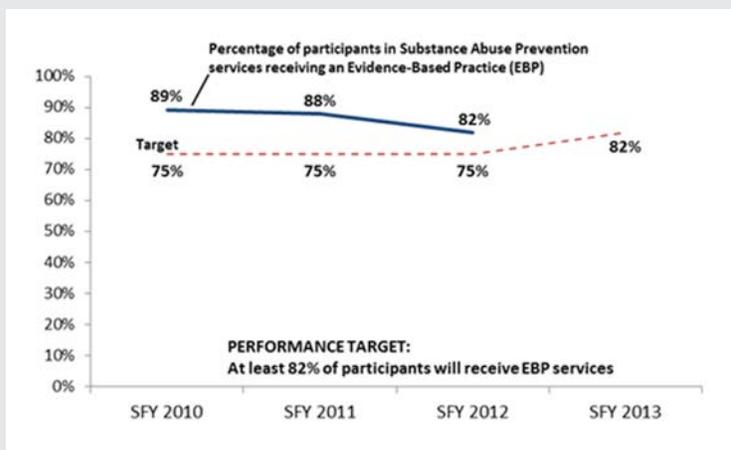
Importance: Evidence based prevention programs can significantly reduce the risk of serious substance use disorders.

Success Measure: Maintain the percent of participants in BHSIA-funded substance abuse prevention services receiving an evidence based practice at 82 percent through June 30, 2015.

Action Plan:

- Continue to support the Prevention Redesign Initiative (PRI), which is an innovative collaborative effort between BHSIA, the counties, the Office of Superintendent of Public Instruction, Educational Service Districts and local communities to help prevent and reduce substance abuse.
- Work with counties to maintain the use of evidence-based practices and ensure compliance with the performance targets included in their contracts with DSHS.
- Effective July 2014, implement the Initiative 502 requirement for prevention programs that will reduce marijuana use, of which 85 percent must be evidence-based.

CHART 1.4 Maintain the percent of participants in BHSIA-funded substance abuse prevention services receiving an evidence based practice at 82 percent through June 30, 2015



Strategic Objective 1.5: Increase outpatient chemical dependency treatment retention for adults.

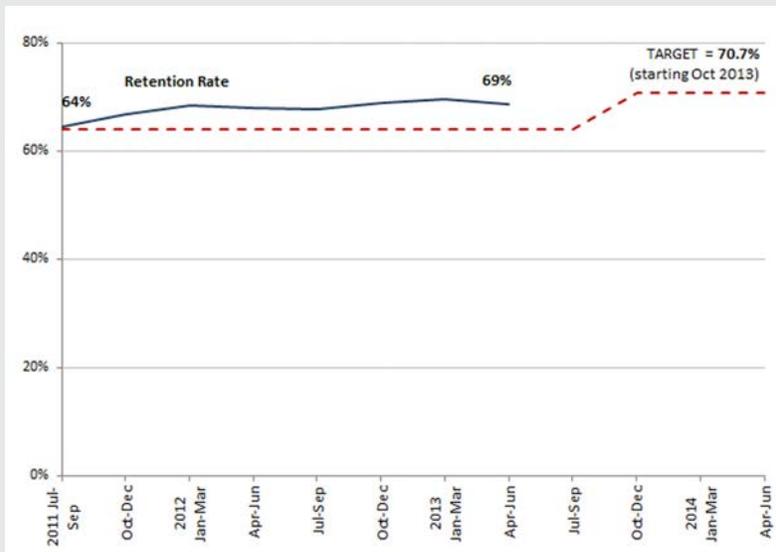
Importance: Research indicates that treatment retention (i.e. remaining in treatment for at least 90 days) is associated with positive outcomes, such as reduction in substance use and criminal justice involvement. Longer participation in treatment also increases the likelihood of employment, increased earnings and stability in housing.

Success Measure: Increase outpatient chemical dependency treatment retention for adults from the fourth quarter FY 2012 average rate of 68 percent to 70.7 percent by June 30, 2015.

Action Plan:

- Collect data and identify participants for Lean process in January 2014.
- Amend county chemical dependency contracts starting January 2014 to reflect this objective and monitor county progress in achieving these increases.
- Encourage treatment providers to increase their retention efforts by enhancing communication with individuals while in treatment.
- Consider adopting incentive strategies to enhance retention and develop other continuous quality improvement strategies to meet the target percentages.
- Offer technical assistance upon request and work closely with providers who are not showing progress in meeting the target percentages. Use best practices from other counties as applicable.

CHART 1.5 Increase outpatient chemical dependency treatment retention for adults from the fourth quarter FY 2012 average rate of 68 percent to 70.7 percent by June 30, 2015



Strategic Objective 1.6: Increase outpatient chemical dependency treatment retention for youth.

Importance: Research indicates that treatment retention (i.e. remaining in treatment for at least 90 days) is associated with positive outcomes, such as reduction in substance use and criminal justice involvement. Longer participation in treatment also increases the likelihood of employment, increased earnings and stability in housing.

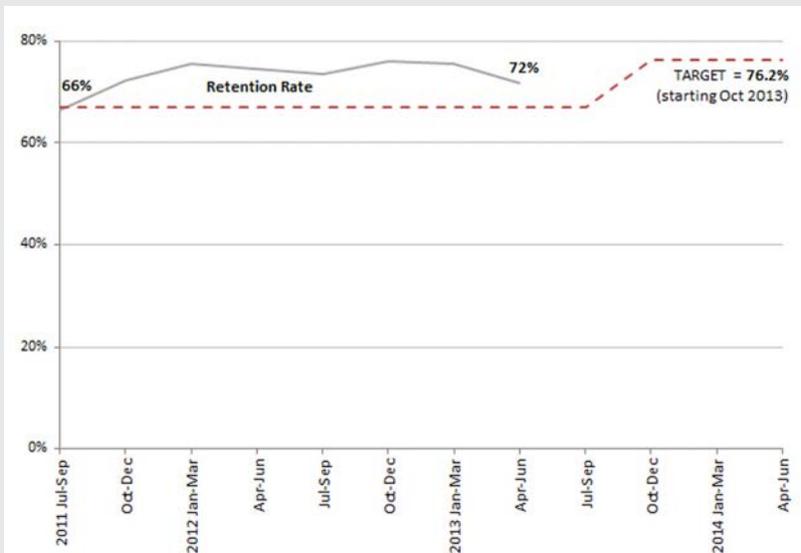
Success Measure: Increase outpatient chemical dependency treatment retention for youth from the FY 2012 average of 74 percent to 76.2 percent by June 30, 2015.

Action Plan:

- Move forward on the Results Washington A3 Implementation Plan (attached as appendix 1).
- Amend county chemical dependency contracts starting January 2014 to reflect this objective and monitor county progress in achieving these increases.
- Encourage treatment providers to increase their retention efforts by enhancing communication with individuals while in treatment, consider adopting incentive strategies to enhance retention and develop other continuous quality improvement strategies to meet the target percentages.
- Offer technical assistance upon request and work closely with providers who are not showing progress in meeting the target percentages. Use best practices from other counties as applicable.



CHART 1.6 Increase outpatient chemical dependency treatment retention for youth from the FY 2012 average of 74 percent to 76.2 percent by June 30, 2015



A3 Problem Solving | Youth Outpatient Treatment Retention-Results Washington

Jane Beyer, Assistant Secretary
Behavioral Health and Service Integration Administration | Jan. 21, 2015

Clarify the Problem
Retaining chemically dependent individuals in treatment, per their individual treatment plan, is essential to their recovery. The Division of Behavioral Health and Recovery is committed to working with County Governments to improve retention rates of publicly funded patients in youth outpatient chemically dependency treatment. Research indicates that remaining in treatment for at least 90 days is associated with positive outcomes, such as reduction in substance use and criminal justice involvement.

Breakdown the Problem

- Retention is challenging with limited funding for outreach and case management for the providers to connect with the patients outside of the office.
- Adolescents are often not participating in treatment without the juvenile justice system, parents, or education system telling them they need to.
- Recovery support services are limited and currently not funded by Medicaid for youth with a primary diagnosis of Substance Use Disorder.

Target Setting

- Increase outpatient chemical dependency retention for youth from the State Fiscal Year 2013 coverage of 74.2% to 76.2% by June 30, 2015.

Identify Root Cause

Several categories contribute to these problems including but not limited to:

- The youth patient – low internal motivation
- Youth's family who treatment service system can be difficult to navigate; families/caregivers would benefit from information and education about the youth system
- Providers – would benefit from resources and more training/ support how to better engage and retain youth in services
- Cross System partners (juvenile justice, schools, and counties, providers) – would benefit from on-going training, information dissemination on the "client" care model, including Recovery Support Services, for substance use disorders
- CRIS – Billing limitations, limited funding to support outreach, engagement and retention strategies

Identify Countermeasures

Root Cause	Proposed Countermeasure	Feasibility	Cost	Risk	Impact
Youth often present with low internal motivation	Enhanced interventions (EI) Training	Review due March 1, 2014	TBD	TBD	TBD
Billing limitations	Rate structure, CRIS payment structure, consider funding adjustment FTE versus a fee for service structure	Review due March 1, 2014	TBD	TBD	TBD
Not engaging youth to provide feedback on services	Youth friendly setting, environment	Review due March 1, 2014	TBD	TBD	TBD
Treatment system can be difficult to navigate	Educate parents on resources, treatment options and how to communicate effectively with youth	Review due March 1, 2014	TBD	TBD	TBD
Not engaging youth to provide feedback on services	Survey youth on what would have kept them engaged in treatment and what has kept them in treatment	Review due March 1, 2014	TBD	TBD	TBD
Unlimited support for engagement & retention strategies	Pursue FTE to support treatment engagement in an effort to increase retention	Review due March 1, 2014	TBD	TBD	TBD

Action Plan

TDR	Problems/Issues to be Addressed	Action Item	Lead	Team	Due Date	Status
	Further review to create action plan	Workshop to review identified countermeasures for feasibility and potential impact	Michael Langley Tom Bazzell		March 1, 2014	

Youth Chemical Dependency Outpatient Enrollment - Persons Served Substance Use and Abuse

Youth Outpatient (Enrollment) Treatment Retention by Governing County - February - June 2014

A3 Metric

Click on the image above or click [here](#) to view the A3 Action Plan full sized (11 x 17).

Strategic Objective 1.7: Decrease the number of patient-to-staff assault claims filed at Eastern State Hospital and Western State Hospital.

Importance: Reducing patient-to-staff assaults will increase staff safety and well-being, as well as reduce expenditures for workplace related injury claims. This emphasis on workplace safety also will result in improved patient safety.

Success Measure: Decrease the number of patient-to-staff assault claims filed at Eastern State Hospital and Western State Hospital from the fourth quarter FY 2013 rate of 0.57 assaults per 1,000 patient days to 0.50 assaults per 1,000 patient days by June 30, 2015.

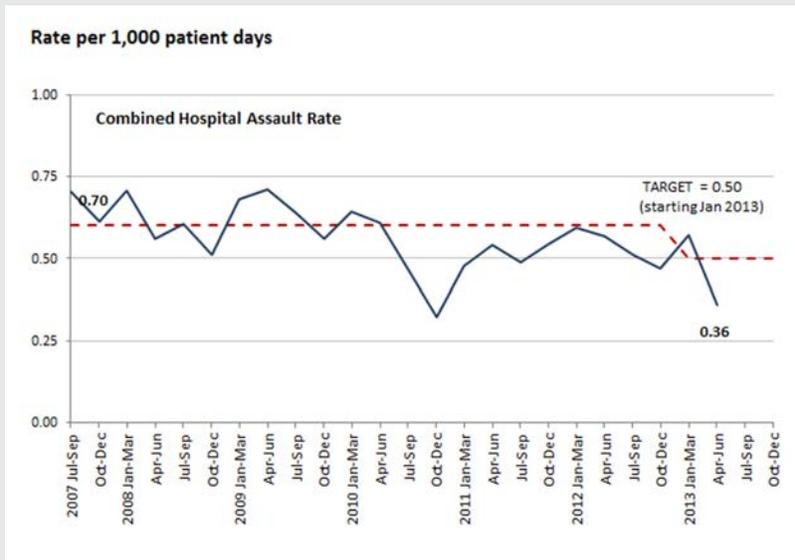
Action Plan:

- Continue to assess, refine and implement the workplace safety plan.
- Raise the “culture of safety” through the implementation of daily safety huddles to review concerns and safety events.
- Continue to assess the hospital environment to identify unsafe items and issues that need to be corrected to improve unsafe environments.
- Continue to provide Safe Alternatives for Everyone (SAFE) team training to assist staff with clinical interventions.
- Continue staff training on managing patients who may be assaultive.
- Continue to train staff in the use of treatment interventions that can help patients resolve situations that might otherwise lead to assaults.
- Maintain a Transitional Return to Work (TRTW) program to help employees who have been injured in the workplace stay connected to the work environment and return to work more quickly.



“ I painted this picture while I was at Western State Hospital, before I had a place to stay. I painted this because of my feelings surrounding my living situations. I threw all of my feelings into one painting. I was feeling: scared, angry, unstable, lost, alone, disconnected, disappointed, frustrated, guilty, hopeful, overwhelmed, and worried. ”

CHART 1.7 Decrease the number of patient-to-staff assault claims filed at Eastern State Hospital and Western State Hospital from the fourth quarter FY 2013 rate of 0.57 assaults per 1,000 patient days to 0.50 assaults per 1,000 patient days by June 30, 2015



Strategic Objective 1.8: Decrease the quarterly rates of patient seclusion hours at Eastern State Hospital and Western State Hospital.

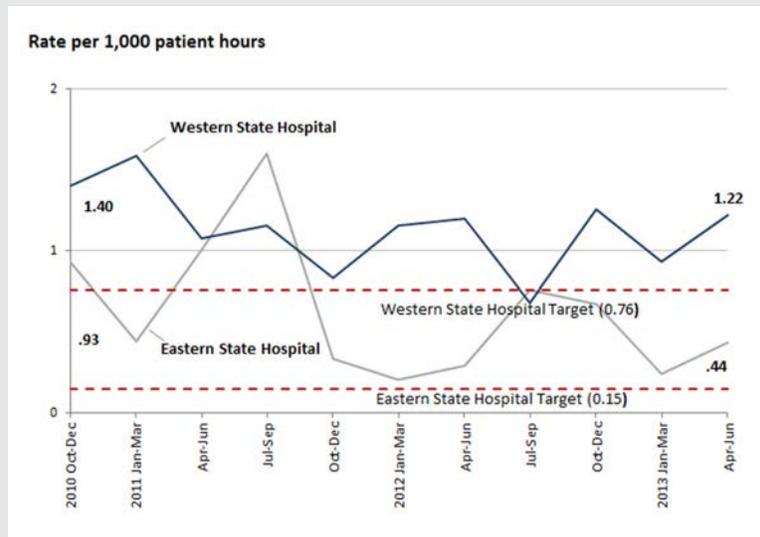
Importance: Reduced rates of patient seclusion promote a therapeutic recovery environment resulting in fewer assaults by patients.

Success Measure: Decrease the quarterly rates of seclusion hours at Eastern State Hospital from the fourth quarter FY 2013 rate of 0.24 per 1,000 patient hours to 0.15 by June 30, 2015. Decrease the rates of seclusion at Western State Hospital from the fourth quarter FY 2013 rate of 1.05 hours per 1,000 inpatient hours to 0.76 by June 30, 2015.

Action Plan:

- Continue to provide therapeutic training options to assist staff in using clinical interventions that reduce the need for seclusion.
- Identify treatment options to reduce use of seclusion that are consistent with the patient's safety plan, which is developed by the patient and his/her treatment team.
- Require daily review of patients that have been in seclusion during the past 24 hours by clinical leadership. As a result of the review, the following actions may be taken:
 - On-site conferencing with the registered nurse or medical doctor to review the patient's status
 - Revision of the patient's treatment plan
 - Provision of clinical guidance and support
- Collect and review data to determine if patterns exist in the use of seclusion across the hospitals. Use the National Association of State Mental Health Program Directors (NASMHPD) Six Core Strategies to target specific interventions to the needs and challenges of specific areas of the hospitals.

CHART 1.8 Decrease the quarterly rates of seclusion hours at Eastern State Hospital from the fourth quarter FY 2013 rate of 0.24 per 1,000 patient hours to 0.15 by June 30, 2015. Decrease the rates of seclusion at Western State Hospital from the fourth quarter FY 2013 rate of 1.05 per 1,000 inpatient hours to 0.76 by June 30, 2015



Strategic Objective 1.9: Maintain the quarterly rates of restraint use at Eastern State Hospital and decrease the quarterly rates of restraint use at Western State Hospital.

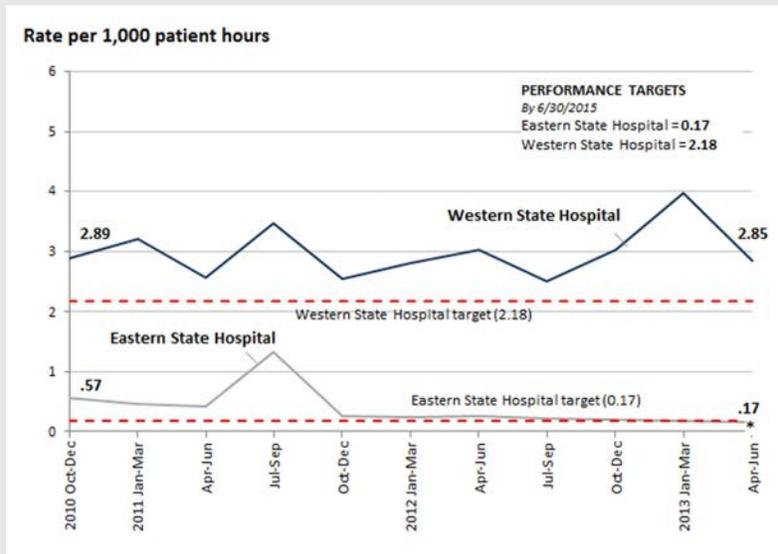
Importance: Reduced use of restraints promotes a therapeutic recovery environment that results in fewer assaults by patients. Reduced use of restraints also lessens the need for physical interaction between the staff and patient thereby reducing the likelihood of injury.

Success Measure: Maintain quarterly rates of restraint hours at Eastern State Hospital at 0.17 per 1,000 patient hours. Decrease the quarterly rates of restraint hours at Western State Hospital from the fourth quarter FY 2012 average of 3.02 per 1,000 inpatient hours to 2.18 by June 30, 2015.

Action Plan:

- Continue to provide training in therapeutic options to assist staff in using clinical interventions that reduce the need for restraint. The treatment options will be consistent with the patient's safety plan, which is developed by the patient and his/her treatment team.
- Require daily review by clinical leadership of patients that have been in restraint during the past 24 hours. As a result of the review, the following actions may be taken:
 - On-site conferencing with the registered nurse or medical doctor to review the patient's status
 - Revision of the patient's treatment plan
 - Provision of clinical guidance and support
- Collect and review data to determine if patterns exist in the use of restraint across the hospitals. Use the National Association of Mental Health Program Directors (NASMHPD) Six Core Strategies to target specific interventions to the needs and challenges of specific areas of the hospitals.
- Create a comprehensive patient care manual that includes a best practice guide to aggression management. A unified approach to care and aggression should result in decreased patient violence and thus the need for the use of restraints.

CHART 1.9 Maintain quarterly rates of restraint hours at Eastern State Hospital at 0.17 per 1,000 patient hours. Decrease quarterly rates of restraint hours at Western State Hospital from the fourth quarter FY 2012 average of 3.02 per 1,000 inpatient hours to 2.18 by June 30, 2015



Strategic Objective 1.10: Decrease the quarterly rates of seclusion hours and restraint hours at Child Study and Treatment Center.

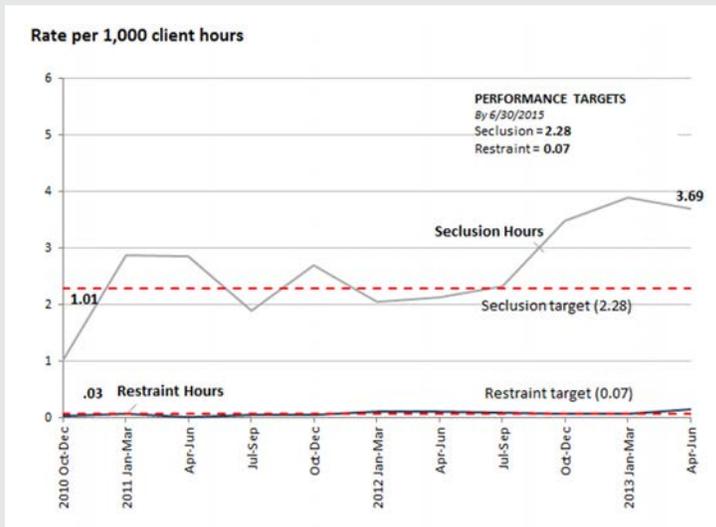
Importance: Reduced rates of seclusion and restraint promote a therapeutic recovery environment that results in fewer assaults by patients.

Success Measure: Decrease the quarterly rate of seclusion hours at the Child Study and Treatment Center from the fourth quarter FY 2013 rate of 3.69 per 1,000 patient hours to 2.28 per 1,000 patient hours by June 30, 2015; and maintain quarterly rate of restraint hours at the third quarter FY 2013 rate of 0.07 per 1,000 patient hours.

Action Plan:

- Implement a new crisis behavioral intervention and de-escalation program center-wide (i.e. the Crisis Prevention Institute's Nonviolent Crisis Intervention Program).
- Continue the Strategic Plan Workgroup on Workplace Violence.
- Continue to provide training in therapeutic options to assist staff in using clinical interventions that reduce the need for seclusion or restraint. Treatment options will be consistent with the patient's safety plan, which is developed by the patient and his/her treatment team.
- Implement leadership training for Psychiatric Child Care Counselors.

CHART 1.10 Decrease the quarterly rate of seclusion hours at the Child Study and Treatment Center from the fourth quarter FY 2013 rate of 3.69 per 1,000 patient hours to 2.28 per 1,000 patient hours by June 30, 2015; and maintain quarterly rate of restraint hours at the third quarter FY 2013 rate of 0.07 per 1,000 patient hours



Strategic Objective 1.11: Increase the rates of active treatment hours delivered at Eastern State Hospital and Western State Hospital.

Importance: Active treatment includes cognitive behavioral therapy, daily living skills, recreational activities and other programs and interactions which assist patients in achieving recovery. Active treatment increases cognitive functioning and promotes well-being.

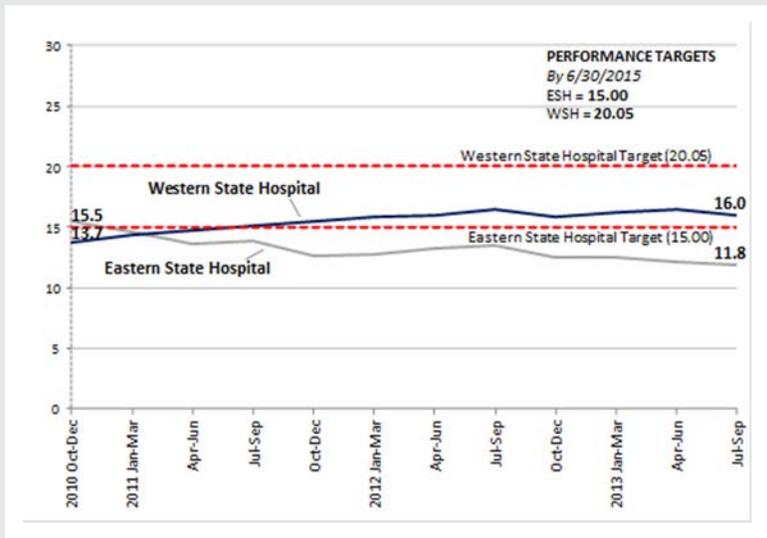
Success Measure: Increase the average number of active treatment hours received per patient per week at Eastern State Hospital from the fourth quarter FY 2013 average of 12.01 to 15.00 hours by June 30, 2015. Increase the number of active treatment hours received per patient per week at Western State Hospital from the fourth quarter FY 2013 average of 15.85 hours to 20.05 by June 30, 2015.

Action Plan:

- Assess current treatment programming and revise as necessary to enhance participation and meet the needs of patients.
- Improve the documentation of treatment provided outside of the Treatment Malls to account for all treatment activities.
- Identify patients who are not engaged in active treatment. Work with treatment teams to develop a plan to engage the patient in active treatment that meets the patient's individual needs.



CHART 1.11 Increase the average number of active treatment hours received per patient per week at Eastern State Hospital from the fourth quarter FY 2013 average of 12.01 to 15.00 hours by June 30, 2015. Increase the number of active treatment hours received per patient per week at Western State Hospital from the fourth quarter FY 2013 average of 15.85 to 20.05 by June 30, 2015



Strategic Objective 1.12: Improve health care outcomes for individuals with high medical risk factors through implementation of Medicaid health home benefits.

Importance: Individuals with high medical risk factors continue to experience poor health outcomes, in many cases because of low engagement in managing their health needs. This results in poor outcomes for the individuals and higher costs to the state. Assisting individuals to self-manage their chronic conditions through the provision of health homes can empower them in taking charge of their health care. Health home services provide intensive care coordination to help individuals with complex health conditions access the care they need.

Success Measure: Increase the number of individuals who are engaged in health home services through the establishment of a Health Action Plan. Additional success measures will be consistent with performance measures included in the Final Agreement with the federal Centers for Medicare and Medicaid Services (CMS), and will be defined in the April 2014 update to the Behavioral Health and Service Integration Administration (BHSIA) strategic plan. Some of the performance measures to be included in the final agreement are:

- Percentage of hospital readmissions.
- Percentage of avoidable emergency room visits by individuals receiving health home services.
- Percentage of beneficiaries with fewer than 30 days between hospital discharge to first follow-up visit.

Action Plan:

- Monitor Health Home performance based contracts to meet specified performance measures.
- Offer technical assistance upon request.
- Work closely with providers who are not progressing in meeting their targets.

Strategic Objective 1.13: Improve health outcomes, coordination of care and the individual's experience of care through the HealthPath Washington Integration demonstration project.

Importance: Washington is partnering with the Centers for Medicare and Medicaid Services to improve care for individuals receiving both Medicare and Medicaid services. HealthPath Washington is a joint demonstration project between DSHS and the Health Care Authority. The project will test a managed care financial model that integrates the purchase and delivery of Medicare and Medicaid medical, behavioral health, and long term services and supports, through a single health plan for individuals living in King and Snohomish counties. Enrollment will be voluntary and individuals will be able to choose between health plans. Both counties have provided valuable input into the design and will continue to participate in implementation efforts, monitoring and evaluation.

Success Measure: Increase the number of individuals receiving coordinated services through Medicare and Medicaid. Performance measures for the demonstration project are under development and are dependent on CMS approval.

Action Plan:

- Continue implementation planning with HCA, King and Snohomish counties, along with stakeholder advisory team.
- Work with CMS to gain final approval for implementation in the summer and fall of 2014.
- Actively monitor implementation, problem solve identified issues and measure outcomes.

Strategic Objective 1.14: Increase the number of Tribal Mental Health Programs that have completed the attestation process or made substantial gains towards licensure by December 31, 2014.

Importance: Federal law requires that Tribal agencies providing services through federally financed programs, including Medicaid, meet all applicable state standards for licensure. States cannot require Tribal programs to be licensed, but may use attestation as a means to assure that Tribal programs comport with the applicable standards. Implementation of this strategy will put the state and Tribal mental health programs in alignment with federal law.

Success Measure: Success will be measured by the number of Tribal programs who complete the attestation process or make substantial progress towards licensure before December 31, 2014. Substantial progress towards licensure will be defined as submitting the licensure application and the requisite policies and procedures to BHSIA for review and approval.

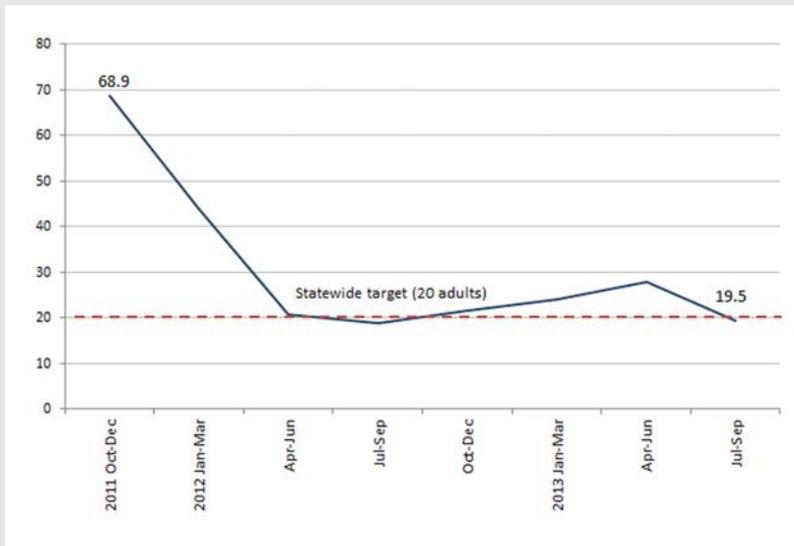
Action Plan:

- BHSIA staff will coordinate with the Office of Indian Policy to implement a monthly tracking system to monitor the progress of each Tribal mental health program.
- BHSIA Licensure staff will provide ongoing technical assistance to Tribal mental health programs upon request.



“When I look at the rusty garbage can, I think of the years it put in during the time of our parallel journey. I think of the changes we went through before I found it just sitting there; waiting to go the way of the all things impermanent.”

CHART 2.1 Decrease the number of adults waiting in jail more than 7 days for inpatient competency evaluations from Eastern State Hospital and Western State Hospital from the fourth quarter FY 2013 average of 27 adults each month to 20 adults by June 30, 2015



DSHS Goal 2: Safety - Each individual and each community will be safe.

Strategic Objective 2.1: Decrease the number of adults in jail waiting more than seven days for inpatient competency evaluations from Eastern State Hospital and Western State Hospital.

Importance: Delays in competency evaluations impede the ability of individuals with mental illness to access adequate mental health treatment and hinders the criminal justice system's ability to process cases in a timely manner.

Success Measure: Decrease the number of adults in jail waiting more than seven days for inpatient competency evaluations from Eastern State Hospital and Western State Hospital from the fourth quarter FY 2013 average of 27 adults each month to 20 adults by June 30, 2015.

Action Plan:

- State hospitals will continue to implement monitoring and use of the Forensic Specific Performance Improvement Plans.
- Ongoing efforts to decrease the backlog of the forensic inpatient wait list include:
 - Exploring Adult Competency Restoration Pilot Programming: to occur in jail, thereby reducing referrals to state hospitals.
 - Increasing communications with referring courts.
 - Increasing recruitment efforts for forensic staff at the state hospitals.
 - Standardizing processes for identifying barriers to competency.
 - Creating procedures for monitoring length of stay to ensure discharge when clinically appropriate.

DSHS Goal 4: Quality of Life - Each Individual in need will be supported to attain the highest possible quality of life.

Strategic Objective 4.1: Increase rates of employment and earnings for those receiving BHSIA-funded chemical dependency treatment.

Importance: Having a behavioral health problem increases the risk of unemployment. Studies indicate that unemployment itself increases the risk for mental health and substance use disorders. Focusing on employment is a strong prevention and intervention strategy.

Success Measure: Increase the rate of employment for individuals who receive BHSIA-funded chemical dependency treatment from the first quarter FY 2012 average of 24 percent to 30 percent by June 30, 2015.

Action Plan:

- Continue two grant-funded recovery support programs that support employment goals of chemical dependency patients:
 - Access to Recovery (ATR) a Substance Abuse Mental Health Services Administration (SAMHSA) funded program that provides vouchers to clients to purchase recovery support services. Washington State is administering the program in Clark, King, Pierce, Snohomish, Spokane and Yakima Counties, and
 - Recovery Enhancement System (WA CARES) Recovery Support Services – a SAMHSA funded project designed to study the impact of treatment outcomes on chemically dependent clients who receive recovery support services as part of their drug court treatment program.

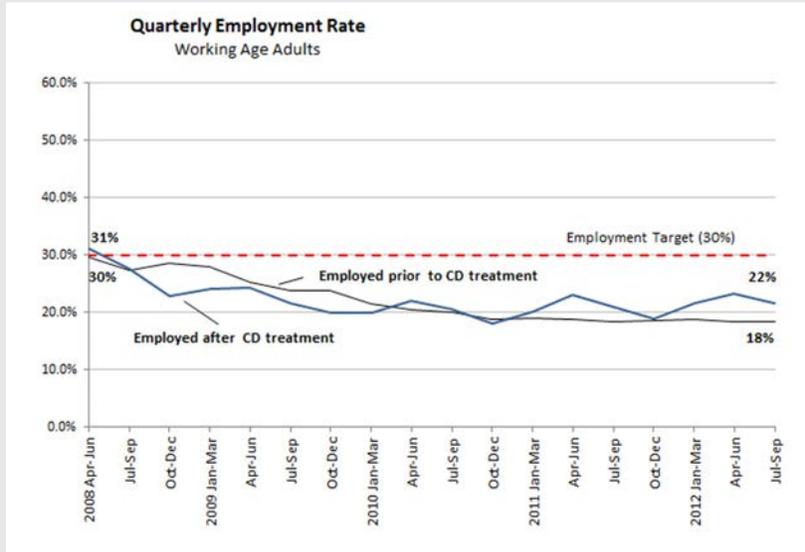
Both of these programs include vocational training, resume and interview coaching, clothing for work and transportation assistance to and from the job site.

- Incorporate vocational strategies into treatment plans in Pregnant and Parenting Women (PPW) programs. This includes adult education/GED preparation, college readiness, job skill assessment, employment plans, resume writing and clothing for work.
- BHSIA will apply to become an employment network to support Ticket to Work, a free and voluntary Social Security program that helps people who receive disability benefits return to work or work for the first time. Following the approval of a combined AL TSA/BHSIA Network application by the Social Security Administration (December 2013), three pilot sites will be developed in partnership with counties and RSNs for program implementation.



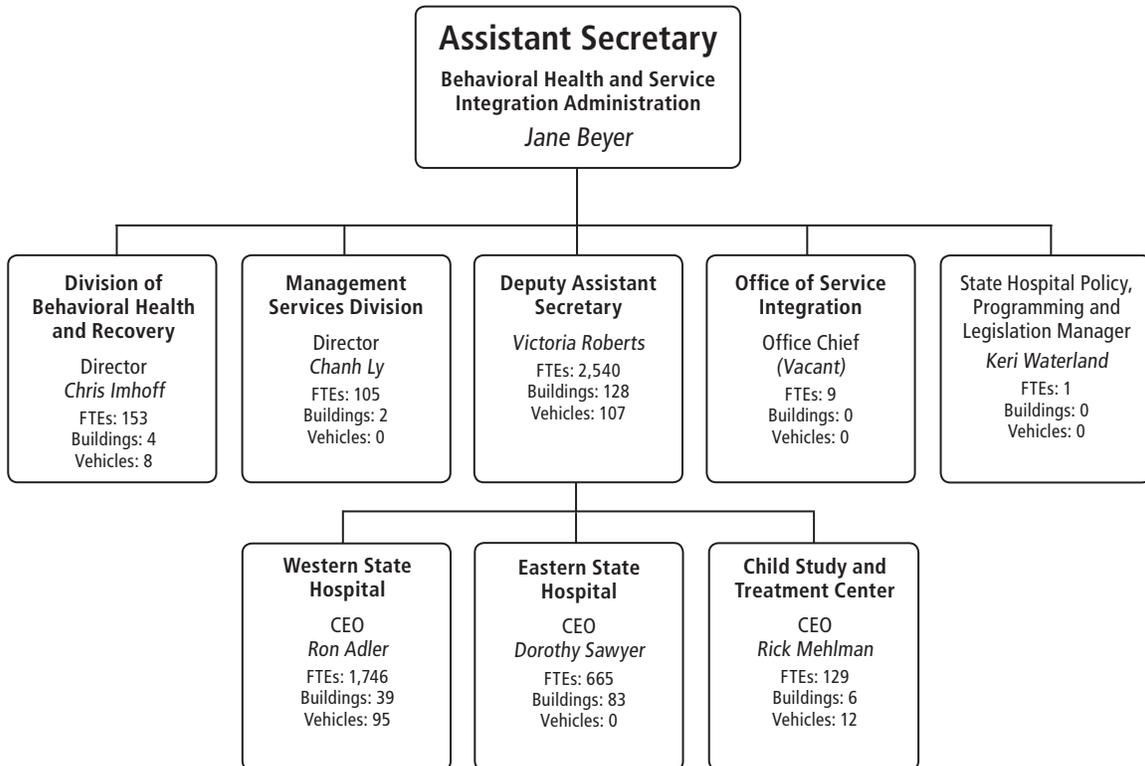
“This path as many paths in life can lead you somewhere or may lead you nowhere, but the path I chose. I choose for myself.”

CHART 4.1 Increase the rate of employment for individuals who receive BHSIA-funded chemical dependency treatment from the first quarter FY 2012 average of 24 percent to 30 percent by June 30, 2015



Department of Social and Health Services

Behavioral Health and Service Integration Administration



January 8, 2014