

**Behavioral  
Health and Service  
Integration  
Administration**

Jane Beyer, *Assistant Secretary*

2013-2015

# Strategic Plan

June 2014



**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

## Introduction

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 high quality 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.

### 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 ensure quality and efficiency.



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 addiction, 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 (ALISA).

## Goals

### 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 June 30, 2015.
- Increase outpatient chemical dependency treatment retention for adults from the FY 2013 average of 68 percent to 70.7 percent by June 30, 2015.
- Increase outpatient chemical dependency treatment retention for youth from the FY 2013 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, Western State Hospital and the Child Study and Treatment Center. Decrease the quarterly rates of seclusion hours at Eastern State Hospital and Western State Hospital.
- 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.



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

**Safety:**

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

**Quality of Life:**

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



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://www.dshs.wa.gov/ppa/strategic.shtml>. 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.

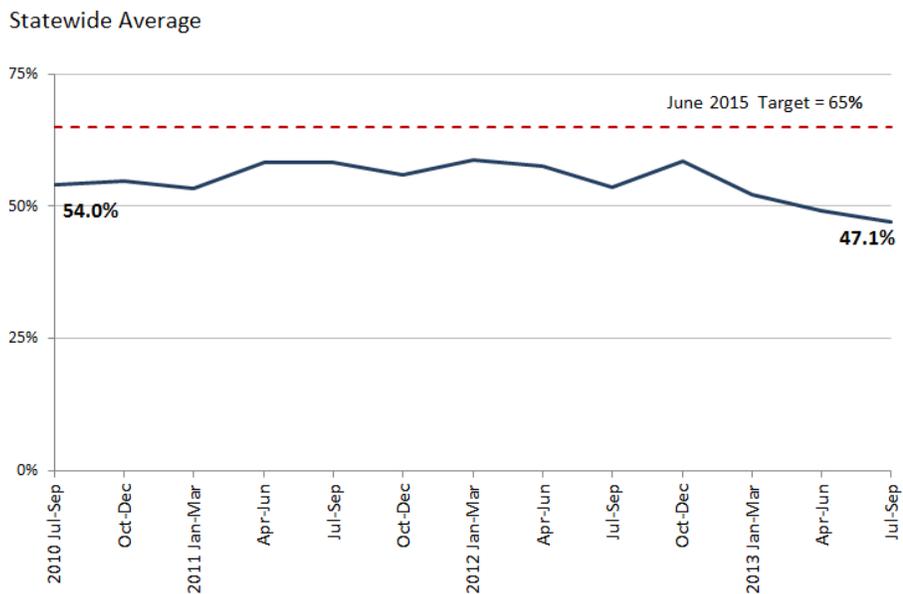
**Success Measure:** Increase the percent of mental health consumers receiving a service within seven days after discharge from inpatient settings from the second quarter FY 2013 average of 59 percent to 65 percent by June 30, 2015.

**Action Plan:** Monitor RSN performance in increasing percentage toward individual targets and use a combination of corrective action and statewide process improvement to impact the percentage of consumers seen within seven days of discharge from inpatient settings. Trends for these measures will be impacted in coming months by the actions that will be described in the A3 Action Plan. We expect to see impacts when data is available for the first two quarters of FY 2015 (July-December 2014).

- RSNs met in April 2014 to create a framework for a formal A3 process to take place in June 2014.
- Examined steps needed to improve data quality
- Identified opportunities for systemic and local improvements in performance
- Identified needed partners to participate in the A3
- Shared success and challenges each RSN has faced related to this measure



**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 June 30, 2015**



**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:** The measures will be impacted in coming months by the combination of the planned actions described in the plan below and the growth in population served due to Medicaid expansion. We expect to see impact when the data is available for the period after newly eligible populations began entering the system in January 2014.

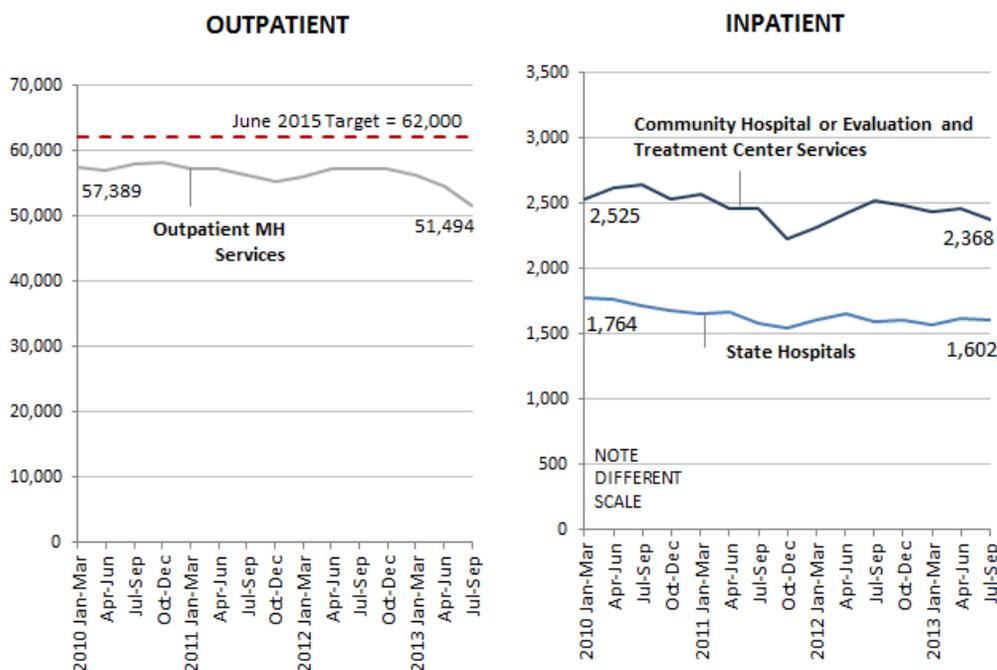
- A3 Process was held on February 21, 2014 (appendix 1).
- Lean Process recommendations were shared with RSNs in March 2014.
- Two workgroups have convened to discuss issues and recommend solutions related to increasing enrollment and improving the process of engaging people into services after intake. Recommendations are expected in July 2014.
- BHSIA will use the monthly RSN meetings to problem solve with the RSNs to increase enrollment.
- Additional funding was provided to RSNs in the 2014 supplemental budget, effective February 2014 for the expansion of crisis and diversion services.



See analysis and plan at: [BHSIA Action Plan 1.2 – Outpatient 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.**

**Adults Receiving Mental Health Treatment from RSNs**



**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:** 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.

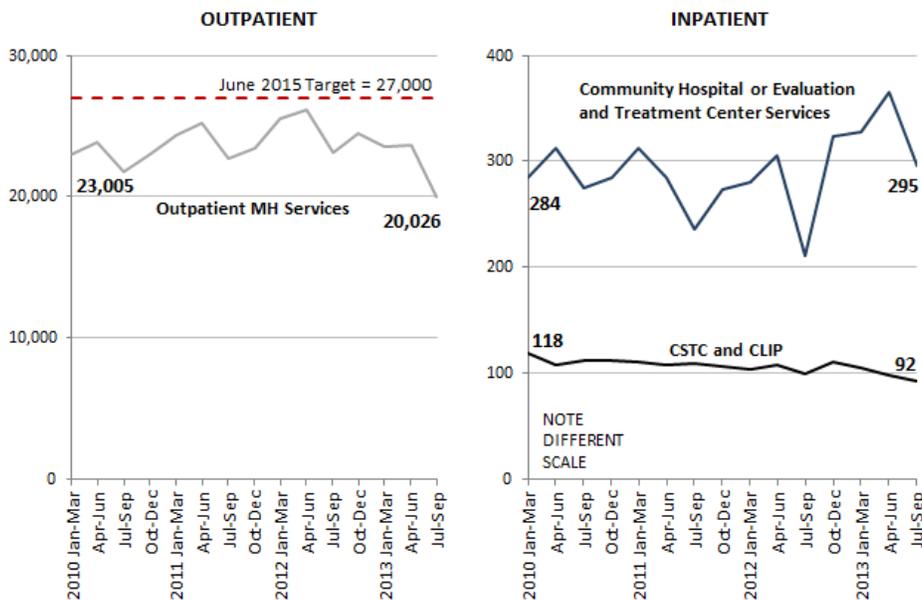
**Action Plan:** Utilize the Key Children’s Mental Health Improvement Strategies identified in the System of Care initiative and the Children’s Mental Health Redesign plan. The measures will be impacted in coming months of the planned actions described in the plan below and growth in population served due to Medicaid expansion. Because these services will ramp up mostly after July 1, 2014 the caseload impact for this measure will not be seen until data is available for the first quarter of Fiscal Year 2015 (July-September 2014). The elements of these efforts work together to:



- Increase the use of intensive, Wraparound-based mental health services and supports that research has shown to be most effective. Services will be expanded in accordance with the TR settlement implementation plan.
- 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 the 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**

**Youth Receiving Mental Health Treatment from RSNs**



**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 Community Prevention and Wellness Initiative, 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

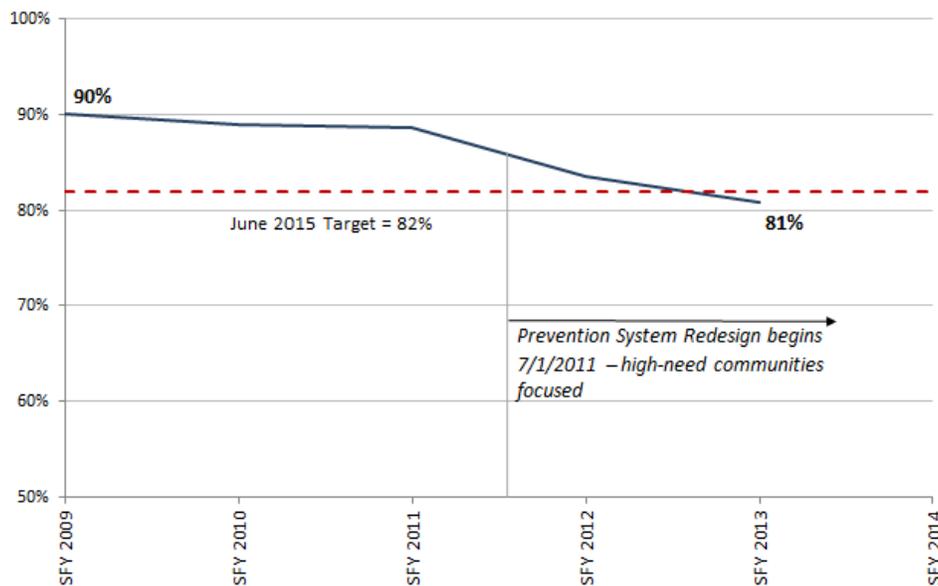


with the performance targets included in their contracts with DSHS. Currently all providers are in compliance with the requirement for EBPs. Managers will not approve programs for implementation unless the EBP requirements are met.

- Effective July 2014, implement the Initiative 502 requirement for prevention programs that will reduce marijuana use, of which 85 percent must be evidence-based.

See analysis and plan at: [BHSIA Action Plan 1.4 – Marijuana](#) and [BHSIA Action Plan 1.4 - Alcohol](#)

**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 2013 average rate of 68 percent to 70.7 percent by June 30, 2015.

**Action Plan:**

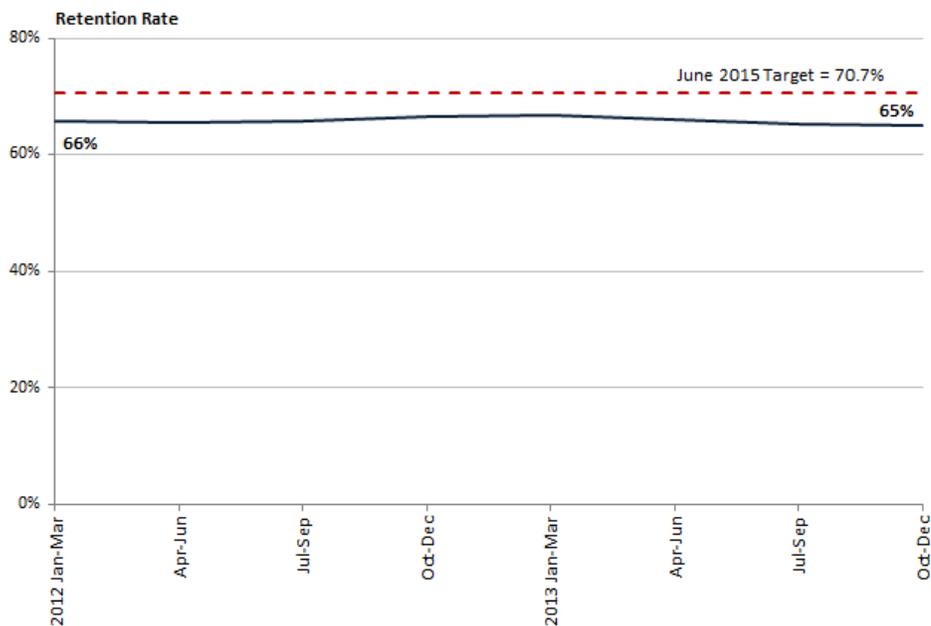
- Move forward on the Results Washington A3 Implementation Plan (appendix 2).
- Amend county chemical dependency contracts starting July 2014 to reflect this objective and monitor county progress in achieving these increases.
- Encourage treatment providers to increase their retention efforts by enhancing communication with individuals while in treatment.



- Develop and disseminate a toolkit to treatment providers and other stakeholders on engagement and retention strategies.
- Continue to monitor the outcome of the Brandeis Incentive Study and 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.

See analysis and plan at: [BHSIA Action Plan 1.5 – Adult Outpatient Treatment Retention](#)

**CHART 1.5 Increase outpatient chemical dependency treatment retention for adults from the fourth quarter FY 2013 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 2013 average of 74 percent to 76.2 percent by June 30, 2015.

*with the right help,  
recovery and healing happen*

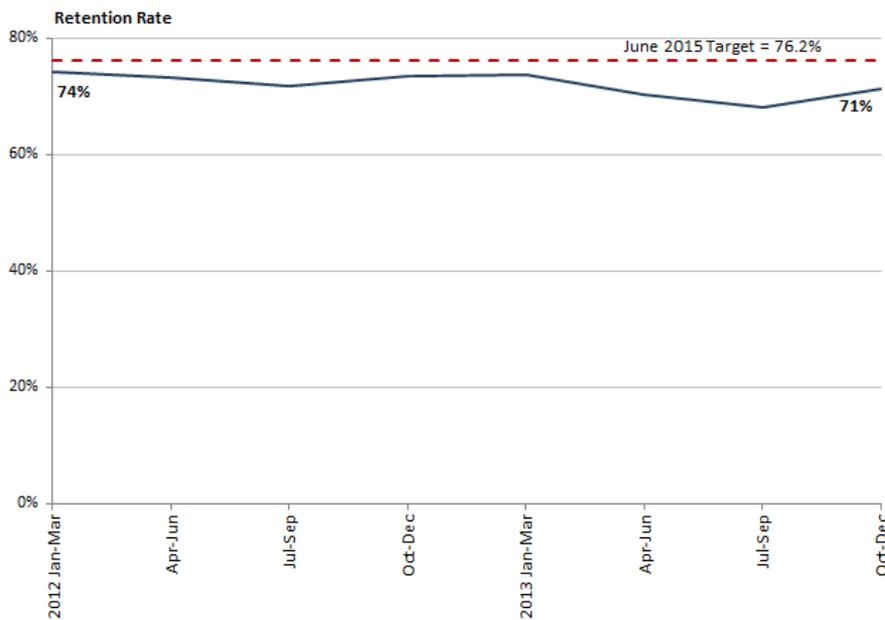


**Action Plan:**

- Move forward on the Results Washington A3 Implementation Plan (appendix 1).
- Amend county chemical dependency contracts starting July 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.
- Develop and disseminate a toolkit to treatment providers and other stakeholders on engagement and retention strategies.
- Disseminate resources to parents/caregivers on treatment options available, provide regional “family engagement trainings.”
- 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.

See analysis and plan at: [BHSIA Action Plan 1.6 – Youth Outpatient Treatment Retention](#)

**CHART 1.6 Increase outpatient chemical dependency treatment retention for youth from the FY 2013 average of 74 percent to 76.2 percent by June 30, 2015**



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**Strategic Objective 1.7:** Decrease the number of patient-to-staff assault claims filed at Eastern State Hospital, Western State Hospital and the Child Study and Treatment Center.

**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, Western State Hospital and the Child Study and Treatment Center from the third 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.

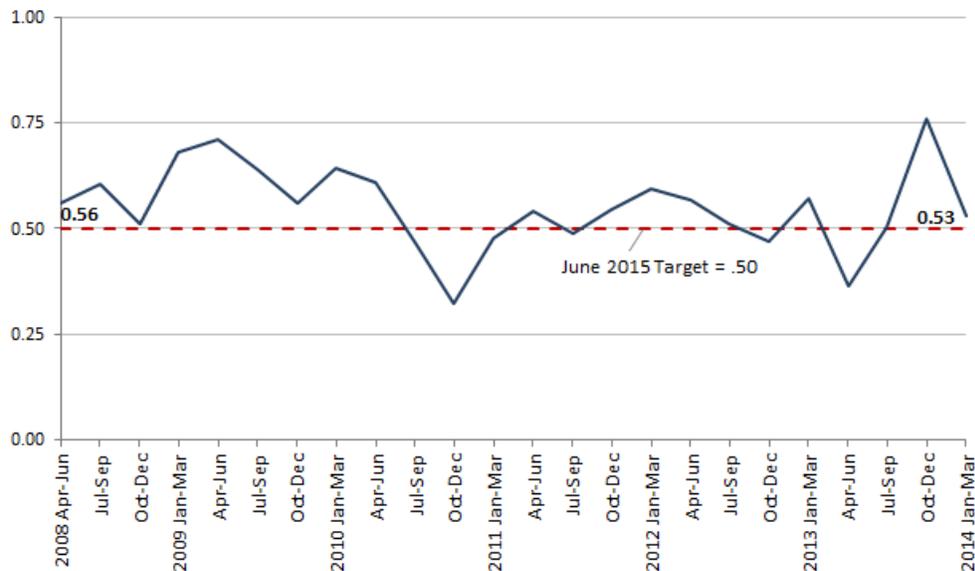
**Action Plan:**

- Continue to implement the workplace safety plan.
- Raise awareness of the “culture of safety” through discussion during new employee orientation and the continuation of daily safety huddles to review concerns and safety events.
- Continue to mitigate unsafe items in the hospital environment.
- Continue to provide Safe Alternatives for Everyone (SAFE) team training to assist staff with clinical interventions.
- Psychiatric Emergency Response Team (PERT) in the Western State Hospital Center for Forensic Services began operating in March 2014.
- 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.
- Reinvigorate 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.



**CHART 1.7 Decrease the number of patient-to-staff assault claims filed at Eastern State Hospital, Western State Hospital, and the Child Study and Treatment Center from the third 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**

Rate per 1,000 patient days



**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 training in therapeutic options to assist staff in using clinical interventions that reduce the need for seclusion. The treatment options will be consistent with the patient's safety plan, which is developed by the patient and his/her treatment team.
- Continue daily review by clinical leadership of patients that have been in seclusion during the past 24 hours. As a result of the review, any or all of 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
- Continue to review data to determine if patterns exist in the use of seclusion. Use the National Association of State Mental Health Program Directors (NASMHPD) Six Core Strategies to target



interventions to the needs and challenges of specific areas of the hospitals.

- Finalize the 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 seclusion.
- The fourth quarter FY 2014 ESH hours of seclusion are primarily attributable to a single patient subsequently discharged March 2014. Those related patients who remain at ESH continue to be placed in seclusion but at a decreased rate.

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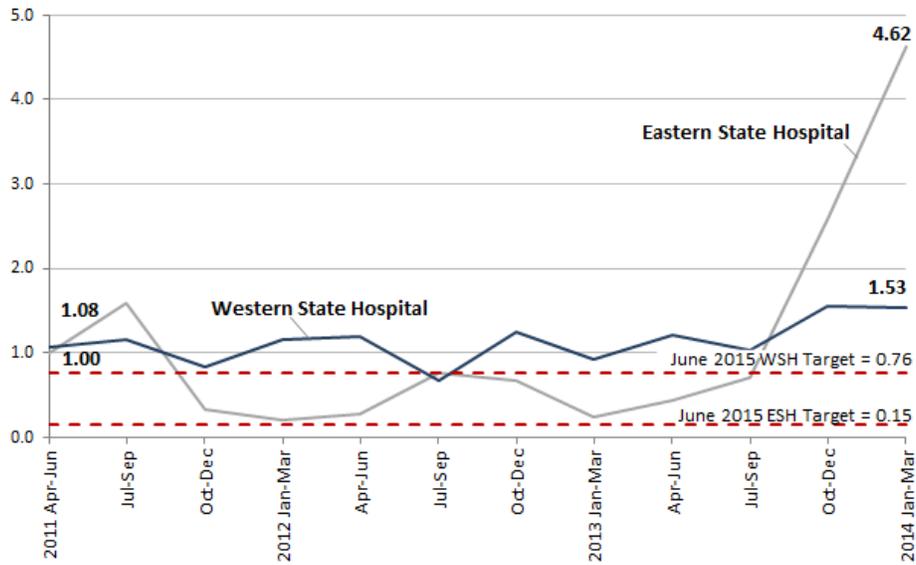
*“He’s good. Not like the others that just asked me questions. He’s making me get healthy and check to make sure I’m using the treadmill. He’s making sure that I’m thinking straight and that I’m going to school. I don’t like doing it but he’s making sure I save money.”*

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**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

**Rate per 1,000 patient hours**



**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 patients 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:**

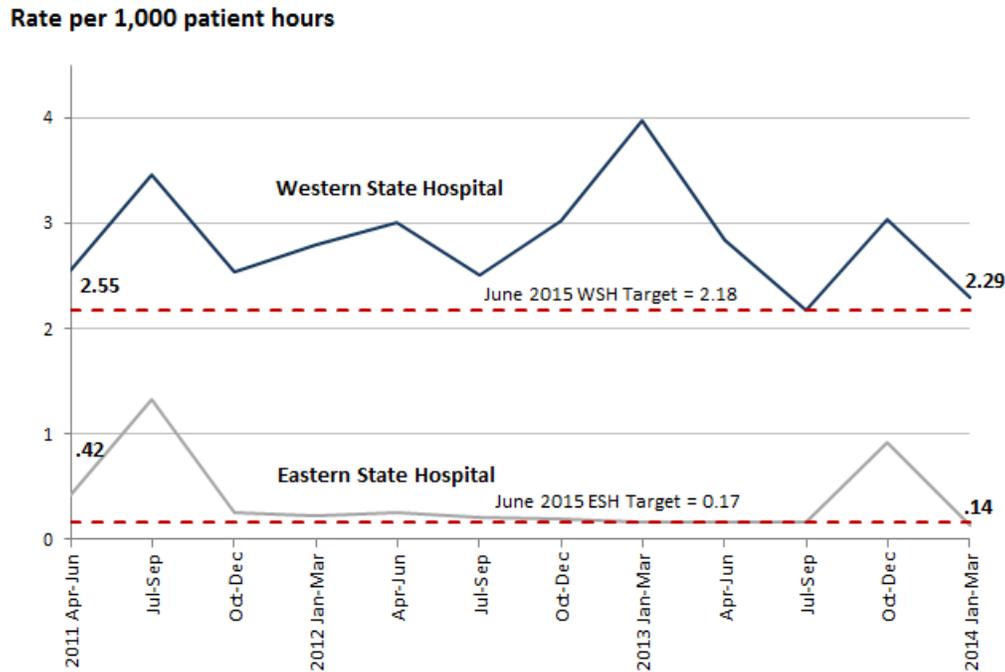
- Continue to provide training in therapeutic options to assist staff in using clinical interventions that reduce the need for restraint. The treatment options will be consistent with the patient’s safety plan, which is developed by the patient and his/her treatment team.
- Continue daily review by clinical leadership of patients that have been in restraint during the past 24 hours. As a result of the review, any and all of 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
- Continue to review data to determine if patterns exist in the use of restraint. 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.
- Finalize the 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.



*"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 1.9 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 the 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:**

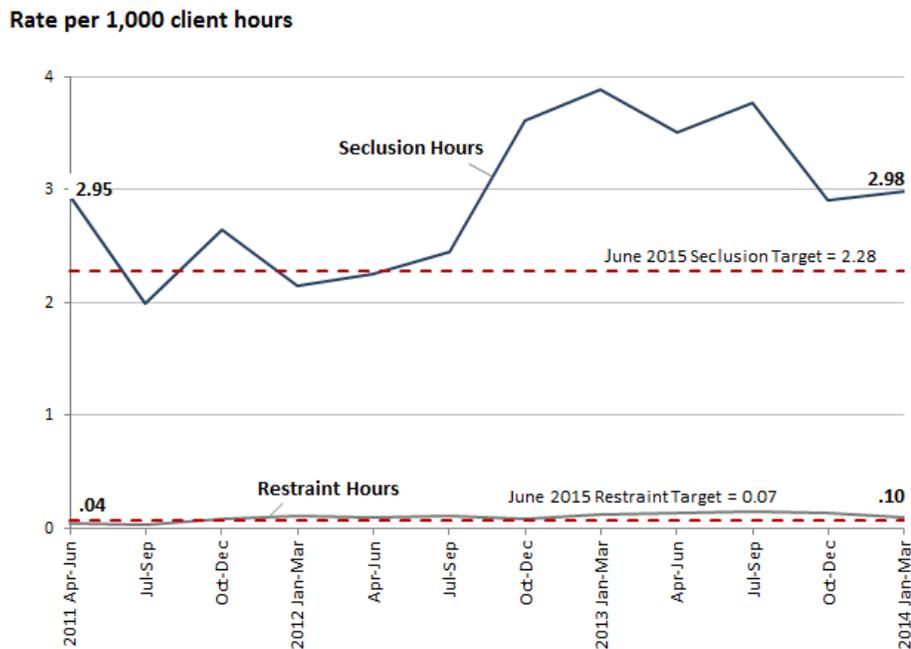
- As of September 2013, current direct care staff have been trained in the new crisis behavioral intervention and de-escalation program center-wide (i.e. the Crisis Prevention Institute’s Nonviolent Crisis Intervention Program) and the curriculum has been added to new employee orientation. This training focuses on early identification of crisis and de-escalation with appropriate restrictive interventions to maintain both staff and patient safety.
- Results from the CSTC Direct Care Staff Safety Survey were reviewed and analyzed by the Workplace Safety Workgroup. Focus groups were formed in each cottage to discuss communication, teamwork, leadership and training issues. Action plans for 2014 were established and the Workplace Safety Workgroup continues to meet bi-monthly.
- Leadership staff to include shift lead Psychiatric Child Care Counselors 2 attended Motivational



Interview training during the first quarter of 2014. The training is currently being used to improve effectiveness with patients setting goals to align their behavior. Several program directors are attending advanced skill development training.

- 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.

**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:**

- Continue to assess current treatment programming and revise it as necessary to enhance

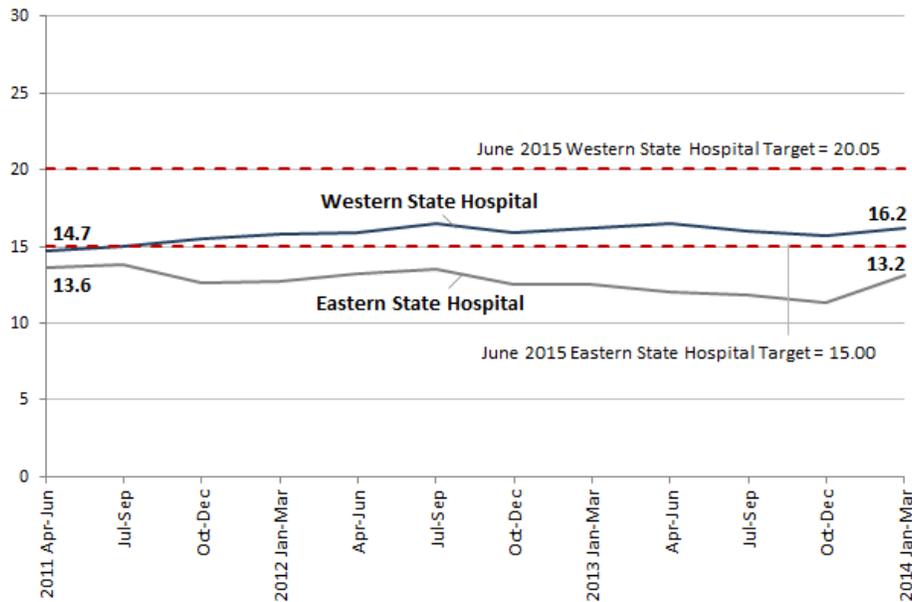


participation and meet the needs of patients.

- 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.
- Continue Management Team (both civil and forensic) and supervisor review of weekly active treatment data. Units that fall below goal (20hrs/week/pt) for more than two consecutive weeks will be required to provide a written plan of improvement.
- The Management Team will review, plan with, and support wards that require a written improvement plan.
- Recognize staff who achieve weekly goals with awards and/or low cost incentives.
- Ensure the presence of all disciplines and Management Team members on wards during transport to TRC/Recovery Centers to assist with engaging patients and encouraging them to attend active treatment groups.
- Follow up individually with patients when more than five consecutive groups are missed in order to ascertain the nature of the absence and encourage the patient's to attend.

**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**

**Rate per 7 patient days**



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**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). Some of the performance measures 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.
- Increase the percent of enrolled clients engaged in health home services to 28%.
- Finalize performance measure reporting requirements and benchmarks.
- Begin reporting of outcome measures starting in June 2015.

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**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 2015.
  - Actively monitor implementation, problem solve identified issues and measure outcomes.
  - Fully execute the 3-way contract between CMS, the State and the Health Plans.
  - Provide ongoing beneficiary, stakeholder and staff outreach and training.
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**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 coordinated with the Office of Indian Policy to implement a monthly tracking system effective in April 2014 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.
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**Strategic Objective 1.15:** Implement managed care behavioral health integration by April 1, 2016. Behavioral Health Organizations (BHO) will deliver integrated mental health and chemical dependency benefits, through county based regions known as regional service areas that will be aligned contractually and geographically with the Health Care Authority Apple Health Medical managed care contracts.

**Importance:** Second Substitute Senate Bill 6312 set the course for implementing integrated mental health and chemical dependency benefits through BHO. Better coordination of care should lead to improved health outcomes.

**Success Measure:** Success will be measured by the execution of contracts with the new Behavioral Health Organizations by April 1, 2016. The Department will track progress toward this goal through the accomplishment of key milestones before April 1, 2016.

**Action Plan:** Complete the actuarial and financial analysis to develop a certified rate for behavioral health services that add chemical dependency treatment to the Medicaid managed care program. Staff will provide fiscal and service utilization data to the actuaries to support rate setting. Decisions around benefit design and provider qualifications for the new regional behavioral health organizations must be made to support rate calculations.



- Complete integrated services contracts that move chemical dependency residential and county outpatient service contracts from state-paid fee-for-service to the category of managed care contracting. BHSIA and the Health Care Authority (HCA) must work closely to coordinate BHO and Apple Health managed care contract language around performance and outcome measures, service area alignment, care coordination across systems and financial incentives to improve performance and outcomes.
- Request Detailed Plans from prospective BHOs for state review. A review process must be established that will outline service and oversight expectations for the BHOs, who must respond with detailed plans outlining the delivery and management of the new contracts.
- Information system improvements – Develop a project to procure a new reporting system, or make necessary improvements to the current systems to support integrated services if funding is unavailable. BHSIA currently operates two distinct and aging data reporting systems for mental health and chemical dependency services in addition to the separate tracking of medical services at HCA. BHSIA will define the data structure and reporting requirements for the new BHOs.
- Define and implement a quality management system for chemical dependency services that will incorporate outcome and performance measure reporting as required under SB 5732/ HB 1519 with managed care mechanisms such as utilization management and performance improvement processes.

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

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

**Action Plan:**

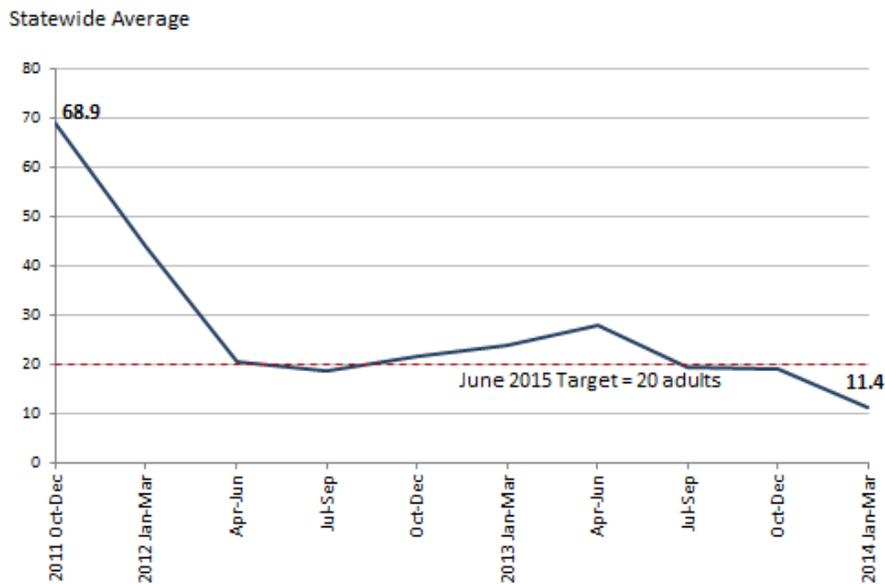
- State hospitals will continue to implement monitoring and use of the Forensic Specific Performance Improvement Plans.
- Ongoing efforts to decrease the forensic inpatient waitlist for competency evaluations include:
- Facilitating a workgroup to discuss implementation of Adult Competency Restoration Pilot Programming in jails or the community, thereby increasing alternatives to competency restoration services provided in the state hospitals.
- Placing forensic evaluator staff positions in areas with high need referral rates.
- Using existing resources (staff psychologists and psychiatrists) for tasks that do not specifically require a forensic evaluator.
- Increasing communication with referring courts about external factors that contribute to the waitlist, such as redundant court referrals, missing or late discovery materials or cases where an



attorney is required to be present at an evaluation, but unavailable within the statutory timeframes.

- Increasing use of evidence based practices for competency restoration.
- Increasing support and structure for the system by which treatment teams refer patients to a forensic evaluator. Standardizing processes for identifying barriers to competency for utilization in treatment planning.
- Increasing recruitment efforts for forensic evaluation staff.

**CHART 2.1 Decrease the number of adults waiting in jail more than 7 days for inpatient competency evaluations at Eastern State Hospital and Western State Hospital from the fourth quarter FY 2013 average of 28 adults each month to 20 adults by June 30, 2015**



**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 has applied 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. With preliminary approval of a combined ALISA/BHSIA Network application by the Social Security Administration, three pilot sites will be developed in partnership with counties and RSNs for program implementation beginning June 2014.
  - BHSIA will support the Governor’s Disability Employment Task Force priorities in accordance with Executive Order 13-02 to achieve the employment targets for individuals with behavioral health issues established in the executive order.

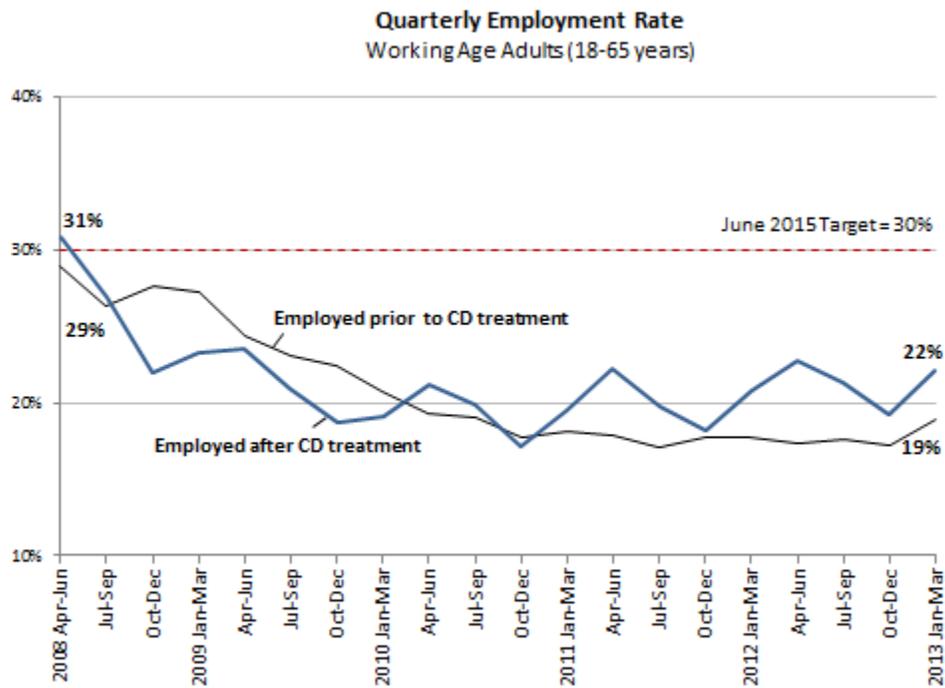


*“This path as many paths in life can lead you somewhere or may lead you nowhere, but the path I chose. I choose for myself.”*

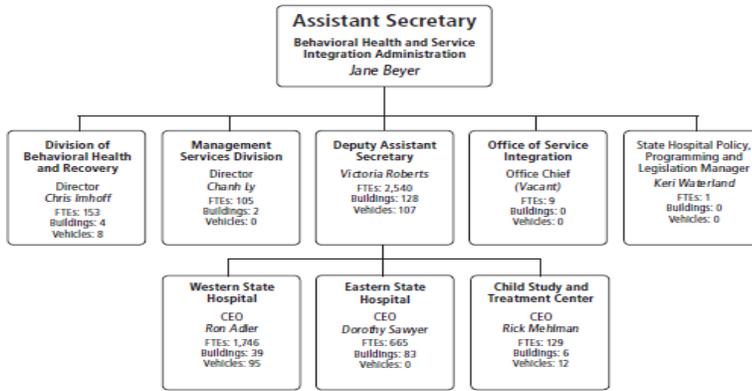
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**CHART 4.1 Increase the rate of employment for individuals who receive BHSIA-funded chemical dependency treatment from the first quarter FY 2012 average of 24 percent to 30 percent by June 30, 2015**



Department of Social and Health Services  
Behavioral Health and Service Integration Administration



January 8, 2014

