



# Behavioral Health Administration

## March 2016

### BHA MISSION

To transform lives by supporting sustainable recovery, independence and wellness

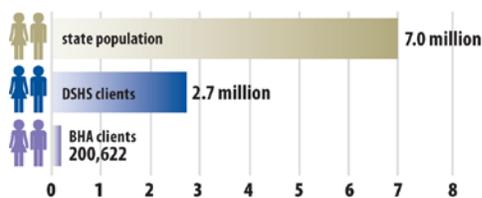
### DSHS VISION

People are healthy,  
People are safe,  
People are supported,  
Taxpayer resources are guarded

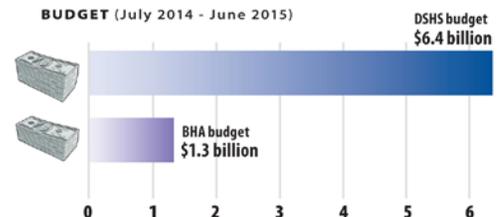
### BHA VALUES

Honesty and Integrity  
Pursuit of Excellence  
Open Communication  
Diversity and Inclusion  
Commitment to Service  
Respect  
Collaboration and Partnership  
Accountability  
Teamwork and Cooperation

CLIENTS SERVED (between July 2013 - June 2014)



BUDGET (July 2014 - June 2015)



NUMBER OF TEAM MEMBERS (as of June 30, 2015)



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**STATE OF WASHINGTON**  
**DEPARTMENT OF SOCIAL AND HEALTH SERVICES**  
**1115 Washington Street SE, Olympia, Washington 98504-5010**



March 2016

Dear Teammates:

Throughout the Behavioral Health Administration, we've held tight to our commitment to service. Despite resources that frequently do not meet our clients' needs, this team works tirelessly in very challenging circumstances.

From workers in our mental health institutions to those who work on substance abuse prevention and treatment, time and again we have found creative ways to serve our customers. The merger of chemical dependency and mental health services creates great potential for more holistic services to our clients in the years to come.

Those who work to serve our mental health clients now are seeing the beginnings of staffing solutions for our psychiatric hospitals; early roll-out of intensive wrap-around children's outpatient mental health services; less waiting time for treatment for patients with emergency needs; and a great game plan for providing timely services to criminal defendants.

The Administration's staff's dedication, integrity and commitment are unquestionable as they go about the Department's mission of transforming lives.

Sincerely,

A handwritten signature in cursive script that reads "Patricia K. Lashway".

Patricia K. Lashway  
Acting Secretary

*DSHS: Transforming Lives*



**STATE OF WASHINGTON**  
**DEPARTMENT OF SOCIAL AND HEALTH SERVICES**  
Behavioral Health Administration  
PO Box 45330 • Olympia, WA • 98504-5330

January 2016



Dear Teammates:

Thank you for taking the time to read and reflect on the Behavioral Health Administration strategic plan. Today BHA is an administration in transition. Our teammates in the Division of Behavioral Health and Recovery are in the midst of leading a transition from Regional Support Networks to Behavioral Health Organizations that will integrate mental health and substance use disorder treatment services. Our teammates at Eastern and Western State Hospitals are making critical changes needed to ensure safety for staff and patients and improve the quality of care. Our teammates at the Child Study and Treatment Center continue the work to enhance services and build the best inpatient psychiatric services for children in the nation. Lastly, our teammates in the Office of Service Integration will transition to other teams here at BHA and in the Aging and Long Term Support Administration where their work can be better aligned with related programs and services.

As we enter this new year of opportunity and transition, we will begin by simplifying our name to the Behavioral Health Administration which is a clearer statement of the services that we provide. In service of our mission to transform lives by supporting sustainable recovery, independence and wellness, we are committed to becoming a national leader in providing services across the behavioral health continuum. Your hard work and commitment is vital to our mission. Whether you provide direct services to the citizens in state psychiatric facilities, oversight and guidance to behavioral health organizations and other service providers in the community, or provide foundational support to your teammates at BHA—you are a valued and important part of this plan.

Given all this transition it is important that we review and adjust our strategic plan to refine our priorities and commitments. This work will take place in the next six months after many conversations with teammates across BHA to incorporate the significant experience, expertise and passion for our mission. In the meantime, I share this interim strategic plan to highlight the commitments and progress made to date at BHA. You will see we have made great strides in many areas over the past few years, and there is still much more we can do to transform lives. I am excited about the opportunities that lay before us. Thanks for all you have done and continue to do to transform lives—now, let's get started on the next phase.

A handwritten signature in black ink that reads "C Reyes".

Carla Reyes, Assistant Secretary  
*Behavioral Health Administration*

*BHA: Transforming lives by supporting sustainable  
recovery, independence and wellness*

## Introduction

In support of our mission to transform lives by supporting sustainable recovery, independence and wellness, the 2,864 team mates at the Behavioral Health Administration (BHA) administer a \$1.3 billion dollar budget to provide prevention, intervention, inpatient treatment, outpatient treatment and recovery support services to people with addiction and mental health needs.

### **BHA's core services focus on:**

- **Individual Support** – Providing treatment and supporting recovery for people with mental illness and/or substance use disorders and 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 and contain health care costs.

In Fiscal Year 2014:

- 153,780 clients participated in mental health treatment provided through 11 Regional Support Networks (RSN's)
- 51,703 clients participated in substance abuse treatment
- 15,965 clients participated in substance abuse prevention activities
- 2,746 clients received competency to stand trial evaluations

BHA funds, manages and coordinates a range of prevention services with resources from the federal Substance Abuse and Mental Health Services Administration and the federal Office of Juvenile Justice and Delinquency Prevention. Our prevention and intervention goals are to delay or prevent the misuse of alcohol, tobacco and other drugs; reduce the negative consequences of drug misuse; and prevent and reduce alcohol and other drug dependency.

Through the BHA Division of Behavioral Health and Recovery (DBHR), we contract with eleven Regional Support Networks (RSN's) that partner with local mental health agencies throughout the state. These agencies provide crisis intervention, community-based outpatient mental health treatment and recovery support services and inpatient treatment. During the period of this interim strategic plan the RSNs will transition to Behavioral Health Organizations providing integrated mental health and substance use disorder prevention, treatment and recovery services. In addition to providing and funding behavioral health services, DBHR licenses, certifies and regulates treatment programs and agencies providing services for chemical dependency, community mental health and problem and pathological gambling. There are approximately 580 certified chemical dependency treatment agencies, 225 community mental health agencies offering treatment services at 450 sites, as well as 25 problem gambling treatment agencies.

To care for people with the most severe mental health needs, BHA operates three state psychiatric hospitals. Eastern State Hospital, in Medical Lake, and Western State Hospital, in Lakewood, strive to deliver safe, high-quality inpatient psychiatric care to adults who have been committed through the civil or criminal court system (including those found not guilty by reason of insanity) for treatment or competency restoration services. The Child Study and Treatment Center strives to provide safe, high-



quality inpatient psychiatric care and education to children ages 5 to 17 who cannot be served in less restrictive settings in the community due to their complex needs. Our psychiatric hospitals have a combined inpatient capacity to serve 1,161 patients. The hospitals also provide outpatient forensic services for individuals who are in jail awaiting an evaluation to determine their competency to stand trial or for whom the courts have ordered an out-of-custody competency evaluation.

Strong organizational values help our leadership and staff transform mission and vision statements into reality on a daily basis. Our mission and values shape the organizational culture and help guide decision-making on everything from hiring and training staff to setting priorities and allocating limited resources. BHA's values focus on supporting sustainable recovery; respecting co-workers, partners, customers and everyone with whom we may interact; recognizing that collaboration and partnerships are vital to accomplishing the organization's mission; valuing open and transparent communication and integrity in all we do; pursuing evidence-based and promising practices to improve patient care and increase safety; and holding one another accountable.



## Goals

Stated as a mission, the goal of the Behavioral Health Administration (BHA) is **to transform lives by supporting sustainable recovery, independence and wellness**. Fully realized, this aligns with the DSHS vision: People are healthy, people are safe, people are supported and taxpayer resources are guarded. To track our progress toward this mission and this vision, we set performance goals in specific areas.

### Washington’s Commitment

We start with a customer focus in measuring progress toward fulfilling our mission and reaching our vision. We ask what our customers need from us to fulfill the vision. For BHA to best advance our mission Washington State needs to be the national leader in: providing safe, successful mental health services in state psychiatric hospitals and community settings and successful substance use disorder treatment, recovery and prevention services. We track our progress annually through a scorecard:

#### WASHINGTON’S COMMITMENT SCORECARD

Be the national leader in: Providing safe, successful mental health services in state psychiatric hospitals and community settings and successful Substance Use Disorder treatment, recovery and prevention services.



#### YARDSTICK

Be the national leader in: Providing safe, successful mental health services in state psychiatric hospitals and community settings and successful Substance Use Disorder treatment, recovery and prevention services.

**Measuring up Washington**

	2012	2013	2014	2015	
Provide safe, successful mental health services in state psychiatric hospitals					Retention and recruitment continue to drive challenges with safety, quality of care and unacceptable backlogs. Operating costs remain unstable.
Provide successful mental health services in community settings					Psychiatric boarding was eliminated for adult and psychiatric patients in 2014. Community-based programs to treat children whose serious mental illness places them at risk of institutionalization began in 2014.
Provide successful Substance Use Disorder treatment, recovery and prevention services					Transition to Behavioral Health Organizations will integrate mental health and substance use disorder prevention, treatment and recovery services. The integration will also leverage more performance-based contracts and, through actuarially sound rates, will be the foundation for major program improvements.

Achieving the goal of national leadership in these service areas is a product of the contributions of many players, including the Governor, the Legislature, other state agencies, counties, cities, non-profit organizations, and others, including the citizens themselves. The Washington’s Commitment scorecard looks at the world through the customer’s eyes and asks how successful we are as a state at transforming the lives of customers – without immediate regard to the reason. The reasons are critically important, of course, but for the customer the first concern is always whether the service they need is available and effective. It is too often the case that although the BHA team is doing exceptional work, critical staff shortages, benefit deficits, or other program gaps create severe unmet needs and drive poor grades for Washington’s Commitment. It is also possible that BHA has opportunities to improve

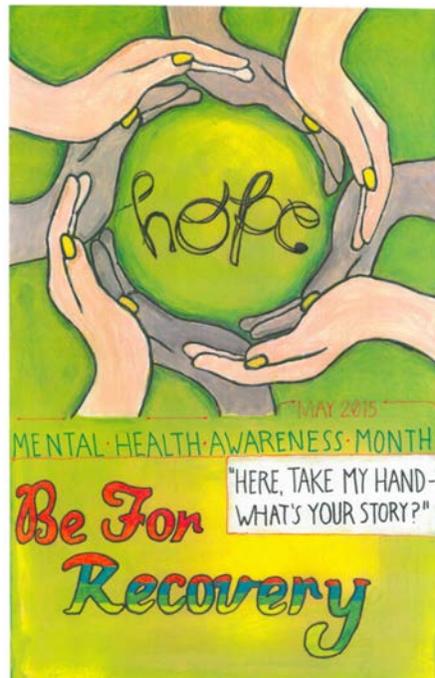


performance, and that is reflected in the scorecard as well. BHA’s team performance is highlighted in the section titled BHA Performance (below), the primary focus of this strategic plan.

The grades included in both the Washington’s Commitment scorecard and the BHA Performance scorecard (below) are denoted by color as follows: green equates to strong performance and service or dramatic improvement in the area; yellow to areas of concern or unmet need, or both; and red to serious concern or serious unmet need, or both. Positive movement is denoted by an upward arrow, and where we have achieved national leadership it is indicated by a coveted gold star. Some measures are new in the 2015-2017 strategic plan. For these measures, preliminary color codes have been established in muted colors, however, they are necessarily subject to change as more data becomes available.

### **BHA Performance Scorecard**

In the BHA Performance scorecard we measure ourselves against our yardstick of being the national leader in our spheres of service by setting goals and grading our performance for specific elements of the work we do that advances our mission in that specific area. For example, the Washington Commitment measure of “Providing safe, successful mental health services in state psychiatric hospitals” is measured against four performance measures: 1) decreased state psychiatric hospital assault rates; 2) increased state psychiatric hospital treatment hours; 3) implementation of an electronic health record; and 4) timely competency evaluations.



BHA's current scorecard looks like this:

**BHSIA'S PERFORMANCE SCORECARD**

**Behavioral Health Administration**

**Provide safe, successful mental health services in state psychiatric hospitals**

* 2012	2013	2014	2015	
1.1 Decreased state psychiatric hospital assault rates	RED	↑ RED	↑ YELLOW	↑ RED
1.3 Increased state psychiatric hospital treatment hours	YELLOW	YELLOW	YELLOW	RED
1.4 Implement Electronic Health Record				New in 15-17 plan RED
1.5 Timely competency evaluations	RED	RED	RED	RED

**Provide successful mental health services in community settings**

* 2012	2013	2014	2015	
2.1 Availability of outpatient mental health services for children	YELLOW	↑ YELLOW	GREEN	↑ YELLOW
2.2 Timely outpatient mental health services	YELLOW	YELLOW	YELLOW	YELLOW
2.3 Availability of outpatient mental health services for adults	YELLOW	YELLOW	GREEN	GREEN

**Provide successful Substance Use Disorder treatment, recovery, and prevention services**

* 2012	2013	2014	2015	
3.1.1 Contain teen marijuana use	YELLOW	YELLOW	GREEN	GREEN
3.1.2 Reduce teen alcohol use	YELLOW	YELLOW	↑ YELLOW	↑ YELLOW
3.2 Outpatient Substance Use Disorder treatment retention for adults	GREEN	GREEN	GREEN	GREEN
3.3 Outpatient Substance Use Disorder treatment retention for children	GREEN	GREEN	GREEN	GREEN
3.4 Increase employment for individuals receiving Substance Use Disorder treatment for clients	GREEN	GREEN	GREEN	GREEN

**Other mission critical goals**

* 2012	2013	2014	2015	
4.1 Partner with DSHS and other state agencies on health system transformation			↑ GREEN	New in 15-17 plan GREEN
4.2 Increase the number of licensed behavioral health agencies that receive an on-site survey at least once every three years				↑ YELLOW
4.3 Implement managed care behavioral health integration contracts in April 2016				↑ GREEN
4.4 Increase the skills, awareness and engagement of BHA leadership in equity, diversity and inclusion				↑ RED

Each target item on this scorecard forms part of our strategic plan; we have also added new strategic objectives and success measures to this year's strategic plan.

Five measures are new to this plan and denoted as "New in 15-17 plan" with no previous color rating. The detailed discussion of all measures - including a statement of their importance, a quantified success measure, a timeline, and an action plan - form our strategic plan.

While the summary scorecard provides an overly simplified color-coded evaluation for most of these measures, you will find very detailed performance data included below. Performance data is updated quarterly and can be found at:

<https://www.dshs.wa.gov/data/metrics/BHA.pdf#page=1>

Our strategic plan is organized around the reporting structure outlined in this BHA Performance scorecard.

It is not really possible to fully separate our performance from the challenges of funding. The Governor and the Legislature work with limited resources, and so do we. As a result, we have red status in areas where the performance of the BHA team is exemplary, but the unmet need is so great that only red status evaluation is appropriate as well as in areas where performance of the BHA team requires improvement. Importantly, in virtually every area summarized on the BHA Performance scorecard we have quantified performance measures to make better use of the resources we have and provide a better measure of our progress as an administration.

Washington's Commitment and BHA Performance scorecards are updated annually in the annual *Report on the State of Human Services in Washington* which can be found at:



## Governor Jay Inslee’s Results Washington Goals

BHA is a partner in Governor Jay Inslee’s Results Washington, a focused effort to create effective, efficient and accountable government.

Results Washington’s goal area number four is Healthy and Safe Communities. BHA has responsibility for four of the leading indicators under the goal topic *Healthy People: Healthy Youth and Adults*:

- **Contain the percentage of 10<sup>th</sup> graders who report using marijuana in the past 30 days at 18 percent from January 2015 through July 2017.**
- **Decrease the percentage of 10<sup>th</sup> graders who report drinking alcohol in the past 30 days from 21 percent in January 2015 to 19 percent by July 2017.**
- **Increase outpatient chemical dependency treatment retention for adults from the average rate of 67 percent in January 2015 to 70.7 percent by July 2017**
- **Increase outpatient chemical dependency treatment retention for youth from the average of 71 percent in January 2015 to 73.8 percent by July 2017.**
- **Decrease the proportion of acute psychiatric inpatient stays that are followed by an acute psychiatric re-admission within thirty days. (Note: this is a revised measure and the target will be established by April 1, 2016)**
- **Increase the percentage of Adult Enrollees identified in need of mental health treatment where treatment was received during the year. (Note: this is a revised measure and the target will be established by April 1, 2016)**

## Department of Social and Health Services (DSHS)

### Goals

DSHS has five broad goals: Health, Safety, Protection, Quality of Life, and Public Trust.

BHA has the following strategic objectives in support of the DSHS goals as listed below:

### Health:

- State psychiatric hospitals will provide high-quality, evidence-based inpatient therapeutic interventions.
- The availability of outpatient mental health treatment services for youth and adults will increase.
- The access to timely outpatient mental health services will improve.
- The reported use by 10<sup>th</sup> graders of alcohol will decrease and the use of marijuana will not increase.
- The outpatient chemical dependency service retention rates for adults and youth will improve.
- Mental health and chemical dependency agencies will deliver consistent, high-quality care.

### DSHS 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 ensure quality and efficiency.



**Safety:**

- State psychiatric hospitals will be safer for staff and patients.
- State hospitals will provide training and evaluation to ensure staff competency in principles of safe, high-quality patient care.
- Forensic mental health patients will receive timely and appropriate court-ordered competency evaluation and restoration treatment services.

**Quality of Life:**

- Employment and earnings for individuals receiving substance use disorder treatment will increase.

**Public Trust:**

- State psychiatric hospitals and other DSHS facilities will implement an integrated electronic health care record (EHR).
- State psychiatric hospitals will reduce their reliance on overtime.
- Mental health and substance use disorder services will be integrated and managed through Behavioral Health Organizations (BHO).
- BHA teammates will increase their skills, awareness and engagement in equity, diversity and inclusion practices

**Acting Secretary's Special Focus Area**

DSHS Acting Secretary Pat Lashway has highlighted the following focus areas for BHA during this strategic plan period:

- Increase the number of youth receiving outpatient mental health services from an average of 24,456 in January 2015 to an average of 27,000 by July 2017.
- Between January 2015 and July 2017 permit no increase from 18 percent of 10<sup>th</sup> graders who report using marijuana in the last 30 days.
- Bring Western State Hospital into full compliance with all federal Centers for Medicare and Medicaid Services (CMS).
- Bring Eastern State Hospital into full compliance with all accreditation requirements of The Joint Commission (TJC).



## Strategic Plan

Below are the details of our strategic plan to meet our strategic objectives. In virtually every case, each strategic objective includes a statement of its importance, a quantified success measure, a timeline, and most importantly, an action plan.

BHA strategic objectives are monitored, updated and reported quarterly online at

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

### Strategic Objectives, Importance, Success Measures and Action Plans

#### 1. Provide safe, successful mental health services in state psychiatric hospitals

**Strategic Objective 1.1:** State psychiatric hospitals will be safer for staff and patients.

	2012	2013	2014	2015
1.1 Decreased state psychiatric hospital assault rates	RED	↑ RED	YELLOW	↑ RED

**Importance:** Reducing patient-to-staff and patient-to-patient assaults indicates increased staff and patient safety and well-being, reduces expenditures for workplace related injury claims, and increases the quality of care for patients.

**Success Measure 1.1:** 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 .54 assaults per 1,000 patient days in the first quarter of 2015 to .50 assaults per 1,000 patient days by the third quarter of 2017.

#### Action Plan:

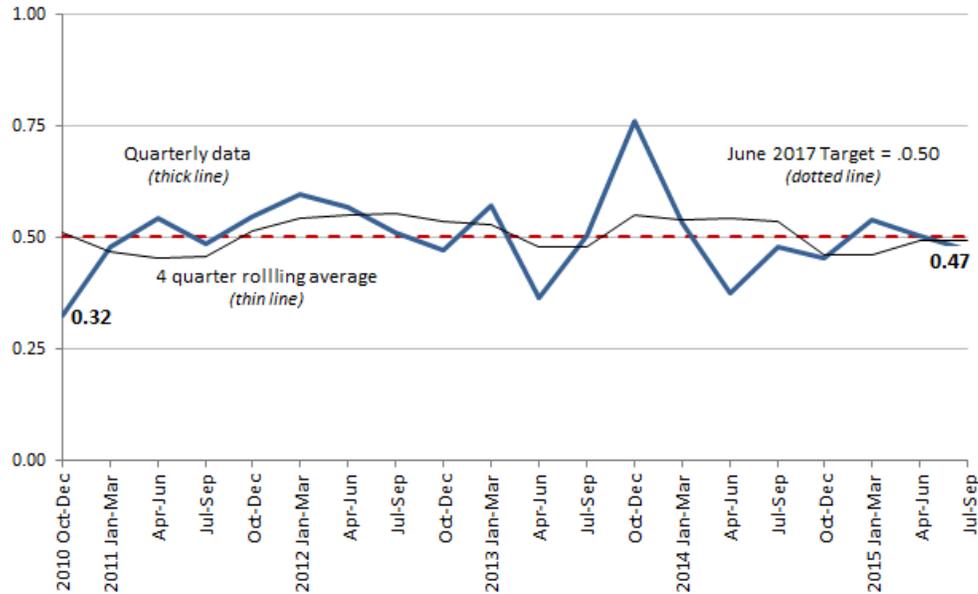
- Continue to implement each hospital's workplace safety plan.
- Analyze assault-related data at the ward level by days of the week and times of day within a safety committee structure to identify ways to decrease assault, and develop subsequent action plans.
- Continue to identify and reduce unsafe practices in the hospitals.
- Expand the use of the Psychiatric Emergency Response Team (PERT) in Western State Hospital Center for Forensic Services to Eastern State Hospital and the civil wards at Western State Hospital.
- Implement a Psychiatric Intensive Care Unit to serve patients from Eastern and Western State Hospitals
- Implement training on 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 injured at work stay connected to the work environment and return to work more quickly.



See analysis and plan at: BHA Action Plan SO 1.1 Assault at [ESH](#), [WSH](#), and [CSTC](#)

**CHART 1.1** 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 .54 assaults per 1,000 patient days in the first quarter of 2015 to .30 assaults per 1,000 patient days by the third quarter of 2017.

Rate per 1,000 patient days



\*Performance for this objective is measured quarterly

**Success Measure 1.2:** Decrease the number of patient-to-patient assaults at Eastern State Hospital, Western State Hospital and the Child Study and Treatment Center per 1,000 patient days.

**Action Plan:**

Develop an Action Plan by June 30, 2016 specific to reducing patient-to-patient assaults. The plan will include development of consistent definitions across all three institutions, baseline data, specific targets and target dates.

**Key Process Indicator:** Rates of psychiatric hospital use of seclusion and restraint

**Importance:** The use of seclusion and restraint should be rigorously avoided when it is safe to do so, applied at the least restrictive level determined clinically appropriate and reduced and/or removed at the earliest point clinically appropriate to do so. Appropriate use of seclusion and restraints results in fewer assaults for staff and patients and lessens the need for physical interaction between staff and patients that might result in injury.

**Key Process Indicator 1.1:** Monitor the rate of seclusion used at the state psychiatric hospitals and implement root cause analysis and appropriate action plans when the rate exceeds a 3% increase over

- Eastern State Hospital: 1.13 per 1,000 patient hours
- Western State Hospital: 0.32 hours per 1,000 patient hours

- Child Study and Treatment Center: 2.87 per 1,000 patient hours

**Key Process Indicator 1.2:** Monitor the rate of restraint used at the state psychiatric hospitals and implement root cause analysis with corresponding action plans when the rate exceeds a 3% increase over:

- Eastern State Hospital: 0.26 hours per 1,000 patient hours
- Western State Hospital: 0.95 in the first quarter of 2015
- Child Study and Treatment Center: 0.19 per 1,000 patient hours

**Eastern State Hospital and Western State Hospital Action Plan:**

- Continue training in therapeutic options to assist staff in using clinical interventions that reduce the need for seclusion.
- Continue to identify treatment options that are consistent with the patient's safety plan, which is developed by the patient and his/her treatment team.
- Implement a seclusion/restraint audit conducted by the Hospital Quality Manager. The results will be shared directly with the treatment team and department directors.
- Replace Therapeutic Options Training with Techniques for Effective Aggression Management (TEAM) training at Eastern State Hospital to standardize training among the state hospitals, requiring all specified staff to complete four hours of containment and de-escalation training per calendar year.
- Continue clinical leadership's daily review of patients who 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.
  - Revise the patient's treatment plan.
  - Provide clinical guidance and support.
- Continue to review data to determine if patterns exist in using 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.

**Child Study and Treatment Center Action Plan:**

- Continue to improve communication about patient behavior and safety planning, particularly across shifts using treatment team planning to assess ongoing improvement.
- Continue training in Motivational Interviewing (MI) to build on the foundation laid in 2014, to train all levels of staff on improving patient engagement and motivating behavior change.
- Coach staff and clinical teams in MI skills.
- Contract with *Lives in Balance, Inc.* to train in "Collaborative and Proactive Solutions Approach with Behaviorally Challenging Children," as part of an ongoing effort to employ clinical interventions that reduce the need for seclusion or restraint. Participate in quarterly meetings with executive directors of the Children's Long Term Treatment Programs (CLIP) to explore effective measures to reduce use of seclusion and restraint, such as focusing on the patient safety plans using collaborative interventions to reduce aggressive/unsafe behavior.



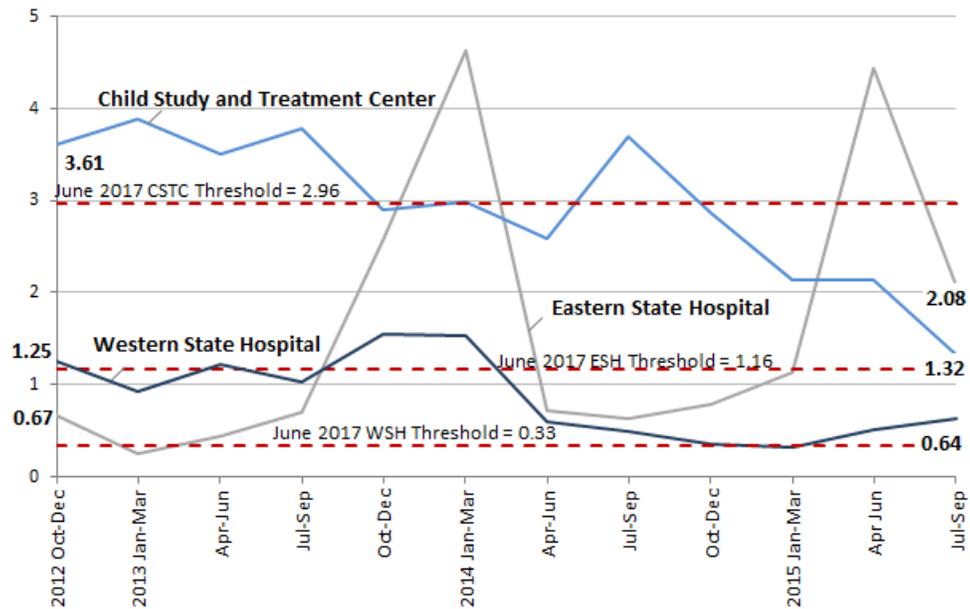
**I WANT TO WRITE A POEM**

*With permission – "Bob" a young man at Child Study and Treatment Center, age 13*

I want to write a poem  
 I am a kid who has been through a lot.  
 I try my best every single day.  
 I have been a kid who has been to 12 foster homes  
 And is trying to get through my bad times in life  
 I don't want to be on the streets everyday through life,  
 Because I just want my own life, just like a regular  
 Teenager would—getting good parents who really care,  
 Who give you three meals a day, without making  
 Your own food every day because a family member  
 Is on the streets, going to buy some drugs  
 With their friends. You sit on the bed, and wonder  
 Where your parents are to say goodnight or give you  
 A hug goodnight. That's what I want to say,  
 That I've been through a lot, and I have done well with it  
 And I am successful because I did it, and have a good true  
 story.  
 (Dedicated to my mother)

CHART 1.1.1 Rates of seclusion at the state psychiatric hospitals:

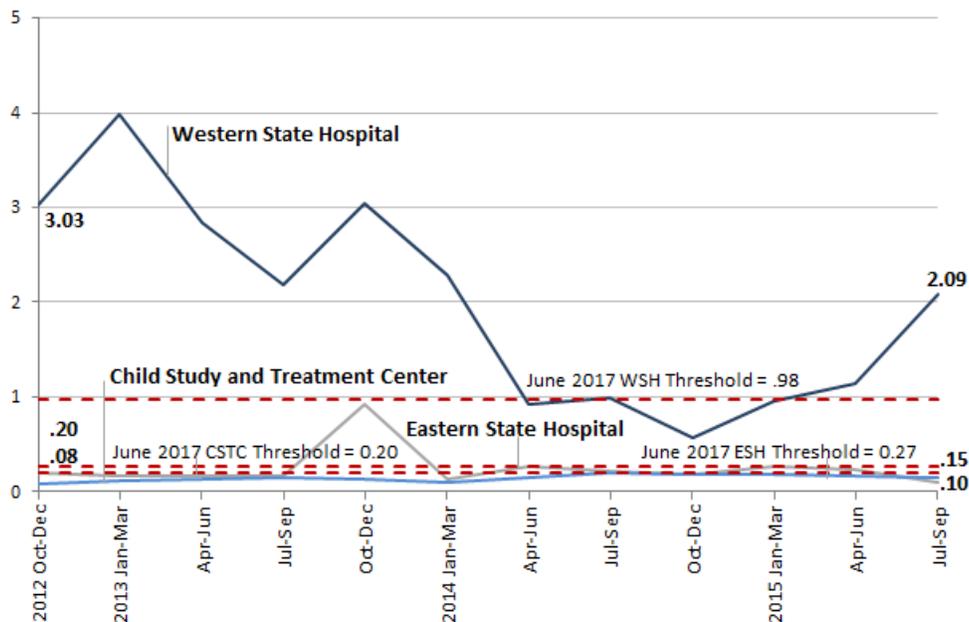
**Rate per 1,000 patient hours**



\*\* FY 2014 & FY2015 Eastern State Hospital hours of seclusion spikes are primarily attributable to a single patient.

CHART 1.1.2 Rates of restraint use at the state psychiatric hospitals:

Rate per 1,000 patient hours



**Strategic Objective 1.2:** Provide high-quality, evidence-based inpatient therapeutic interventions to patients in state psychiatric hospitals.

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

**Success Measure 1.3:** Increase the average number of active treatment hours received per patient per week to an average of 20.05 hours with interim targets as follows:

- Increase the average number of active treatment hours at Eastern State Hospital from the average of 11.74 in January 2015 to 15 hours by July 2017.
- Increase the number of active treatment hours at Western State Hospital from the average of 17.25 hours in January 2015 to 20.05 by July 2017.

**Action Plan:**

- Implement an A3 Lean project at Eastern State Hospital to identify a method to ensure active treatment rosters are completed, turned in and entered in the database in a timely manner.
- 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

engage patients in active treatment that meets their individual needs.

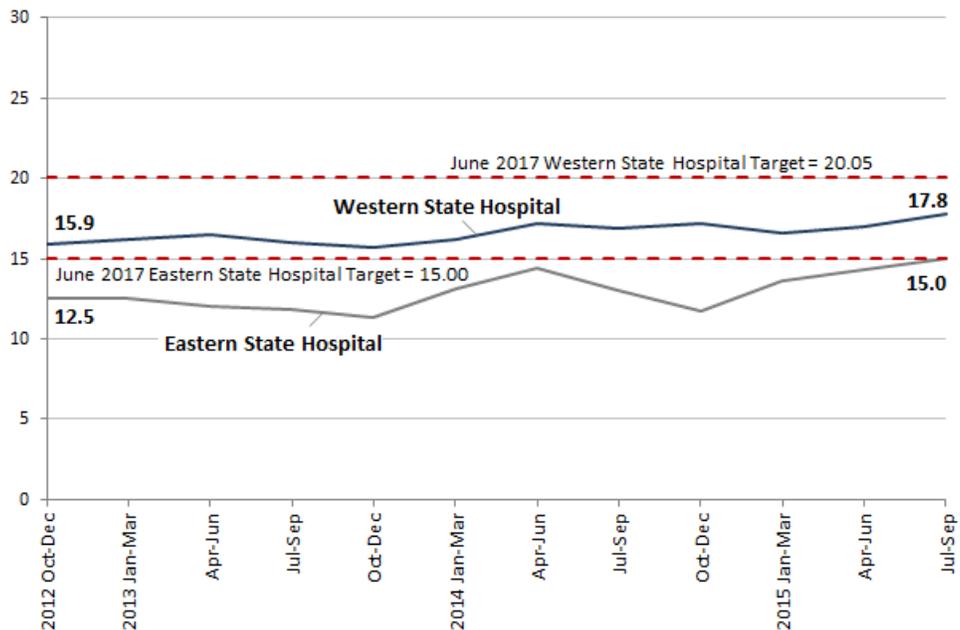
- Continue Management Team (both civil and forensic) and supervisor review of weekly active treatment data. Units that fall below goal (20 hrs./week/pt) for more than two consecutive weeks will be required to provide a written plan of improvement.
- Recognize staff who achieve weekly goals.
- Ensure the presence of staff from a variety of disciplines and management team members on wards during transport to 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 to determine the nature of the absence and encourage the patients to attend.
- Expand active treatment on evenings and weekends.
- Implement Cerner Electronic Health Records to accurately capture treatment provided.

See analysis and plan at: BHA Action Plan SO 1.2 [ESH](#) and [WSH](#)

CHART 1.2

- Increase the average number of active treatment hours received per patient per week at Eastern State Hospital from the average of 11.74 in January 2015 to 15 hours by July 2017.
- Increase the number of active treatment hours received per patient per week at Western State Hospital from the average of 17.25 hours by January 2015 to 20.05 in July 2017.

**Rate per 7 patient days**



\*\*January 2015 performance level is based upon performance in the October - December 2014 quarter

**Strategic Objective 1.3:** Increase staff competency in principles of safe, high-quality patient care.

**Importance:** Every state hospital team mate must have the knowledge and experience to provide safe, high-quality care. Demonstration of competence in these care principles is necessary to operate a hospital that is safe for staff and patients.

**Success Measure 1.1:** 97% of staff complete required Labor and Industries safety training by December 31, 2016.

**Success Measure 1.2:** 100% of staff complete mandatory trainings in Infection Prevention and Controls by December 31, 2016.

**Action Plan:**

A cross-hospital workgroup will be convened to identify appropriate measurements of competency in each core competency, a plan for implementing competency measures with achievement targets, and milestones for achievement.

**Strategic Objective 1.4:** Implement a functional and integrated electronic health care record (EHR) at Western State Hospital, Eastern State Hospital and the Child Study and Treatment Center beginning no later than October 2016.

	2012	2013	2014	2015
1.4 Implement Electronic Health Record				New in 15-17 plan RED

**Importance:** EHR will play an important role in the health and safety of consumers served at the state psychiatric hospitals by providing instant and ready access to information required to provide consistent, high-quality patient care. This information will be used throughout the hospital system and to coordinate care with community providers.

**Success Measure:** Success will be measured by hospital readiness to go live not later than October 2016.

**Action Plan:** Through the Request for Proposal process, Cerner was chosen as the successful vendor to implement the EHR. Ongoing events with a combined team from all facilities occur multiple times per month. Major milestones include, but are not limited to:

- Develop strategies for successful practice change that include staff engagement, readiness training, and developing roll-out procedures.
- Map current work flows and cross walk flows with Cerner IT solutions.
- Evaluate current Vista/Cache system for independent maintenance and identify elements for integration.
- Create a standard infrastructure across the state hospitals that can support the roll-out and long term success of the EHR.
- Complete plans for ongoing maintenance and operations.



See analysis and plan at: BHA Action Plan [SO1.4 EHR](#)

**Strategic Objective 1.5:** Provide timely and appropriate court- ordered competency to stand trial evaluation and restoration treatment services.

		2012	2013	2014	2015
1.5	Timely competency evaluations	RED	RED	RED	RED

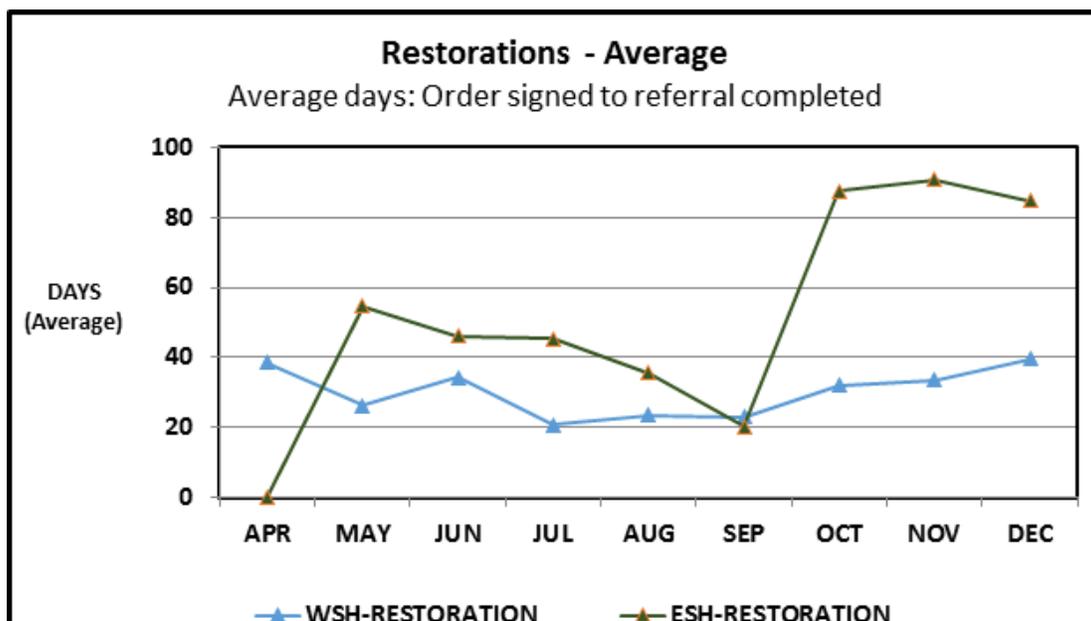
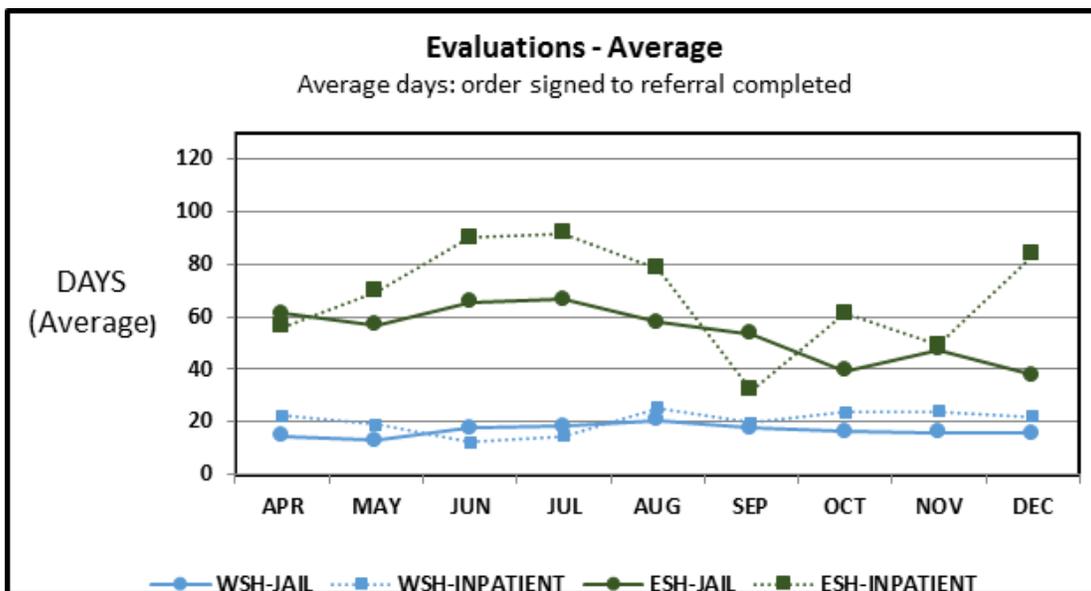
**Importance:** Delays in competency evaluation and restoration treatment services impede the ability of individuals with mental illness to access adequate mental health treatment and hinders the criminal justice system’s ability to process cases in a timely manner. In the recent *Trueblood* class action lawsuit, the federal court found that defendants cannot be allowed to wait in jail for competency evaluation and competency restoration treatment services for longer than seven days.

**Success Measure 1.1:** By May 27, 2016 the evaluations for competency to stand trial will be provided within seven days of the signing of a court order for evaluation; and

**Success Measure 1.2:** By May 27, 2016 admissions for competency restoration treatment services will be completed within seven days of the signing of a court order for admission

**Action Plan:**

- Identify bed capacity need and other service capacity to limit wait lists for competency evaluation and restoration services to seven days.
- Acquire necessary facilities and staffing.
- Collaborate with counties, courts, prosecutors and defenders to streamline practices including, but not limited to, patient transport and transmission of court documents.
- Strengthen centralized forensic services to include enhanced data analysis, training and support of forensic mental health services and effective collaboration with local courts and criminal justice entities.
- Identify and implement diversion strategies to decrease the demand for competency evaluation and restoration services.
- Develop an integrated data system that will provide consistent data reporting from both hospitals.



Note: Charts are updated monthly in the Trueblood monthly report which can be accessed at: <https://www.dshs.wa.gov/bha/division-behavioral-health-and-recovery/trueblood-et-al-v-washington-state-dshs>

**Strategic Objective 1.6:** Reduce reliance on overtime use at state psychiatric hospitals.

**Importance:** Reduced reliance on overtime is essential to the fiscal integrity of the hospitals and our ability to improve the public’s trust in our capacity to manage this critical state resource. Successful recruitment and retention of permanent, qualified and trained staff should result in reduced reliance on overtime and contribute to enhanced safety of patients and staff.

**Success Measure:** Reduce the reliance on overtime use as follows:

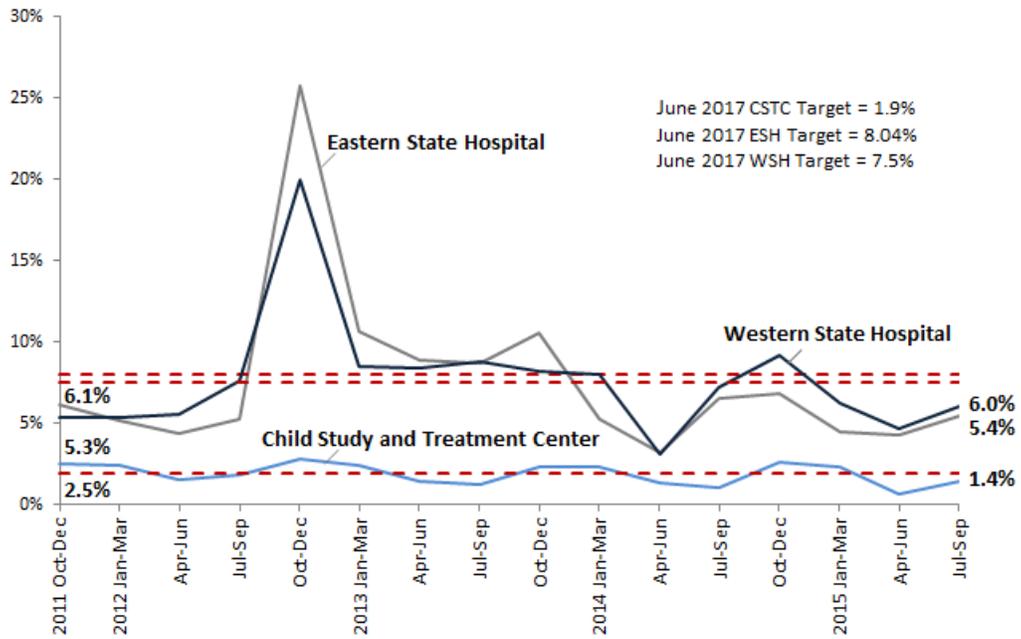
- Maintain overtime use at the Child Study and Treatment Center at an average of 1.9% (consistent with the current five year average)
- Return overtime use at Eastern and Western State Hospitals to below historic average (calculated for the three year period between 2012 and 2015 as 8% for Eastern State Hospital and 7.5% for Western State Hospital) for the year following:
  - Bringing Western State Hospital into full compliance with CMS;
  - Bringing Eastern State Hospital into full compliance with all accreditation requirements of the The Joint Commission;
  - Implementation of the Electronic Health Record; and
  - Achieving recruitment and retention stability consistent with industry standards.

**Action Plan:**

- Continue multiple position recruitments for overtime eligible positions at the state hospitals.
- Enhance recruitment efforts by improving job descriptions, holding periodic hiring fairs and posting available positions in multiple locations (both physical and online).
- Streamline posting, interviewing, reference checking and hiring practices to fill vacancies as they occur.
- Use scheduling databases at the hospitals to help manage staffing based on need, to approve planned leave, schedule on-call staff as needed and predict the need to schedule additional staff to avoid unanticipated overtime.
- Require all overtime to be approved by the hospital chief executive officers or their designees.
- Develop a metric to track unscheduled leave and set strategic, achievable goals to reduce unscheduled leave.
- Engage the executive leadership, hospital management teams and labor in achieving this goal.



**CHART 1.6: Reduce the reliance on overtime use from the current three year average at Eastern State Hospital and Western State Hospital and maintain overtime use at the Child Study and Treatment Center from the current five year average.**



## 2. Provide successful mental health services in community settings

**Strategic Objective 2.1:** Increase availability of outpatient mental health treatment services for youth.

		2012	2013	2014	2015
2.1	Availability of outpatient mental health services for children	YELLOW	↑ YELLOW	GREEN	↑ YELLOW

**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 an average of 24,456 in January 2015 to 27,000 in July 2017.

**Action Plan:** Use the Children’s Mental Health Improvement Strategies identified in the System of Care initiative and the Children’s Behavioral Health Principles. The elements of these efforts work together to:

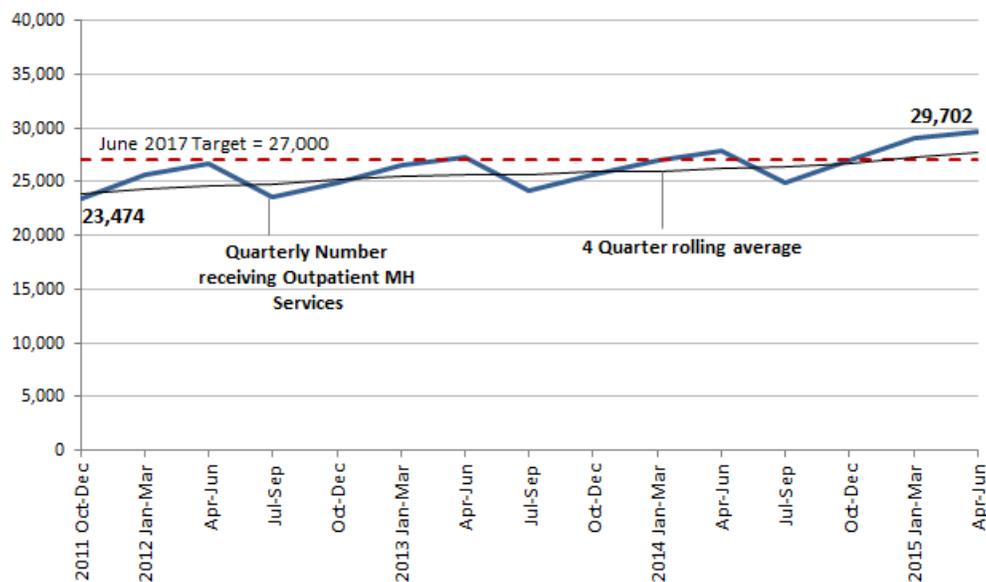
- Increase the use of intensive, wraparound community-based mental health services and supports that research has shown to be most effective. Services will be expanded in accordance with the Intensive Child Outpatient Services Program (formerly referenced as the *T.R.* settlement implementation plan).
- 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 July 2017, increase the use of evidence and research based practices within Community Mental Health Agencies (CMHA’s).

See analysis and plan at: BHA Action Plan [SO2.1 MH Youth](#)



**CHART 2.1 Increase the number of youth receiving outpatient mental health services from an average of 24,456 in January 2015 to 27,000 in July 2017**

**Youth Receiving Outpatient Mental Health Treatment from RSNs**



**Strategic Objective 2.2:** Increase timely access to outpatient mental health services.

		2012	2013	2014	2015
2.2	Timely outpatient mental health services				
		YELLOW	YELLOW	YELLOW	YELLOW

**Importance:** Persons who receive outpatient services shortly after discharge from an inpatient setting are less likely to require rehospitalization or crisis services. 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.

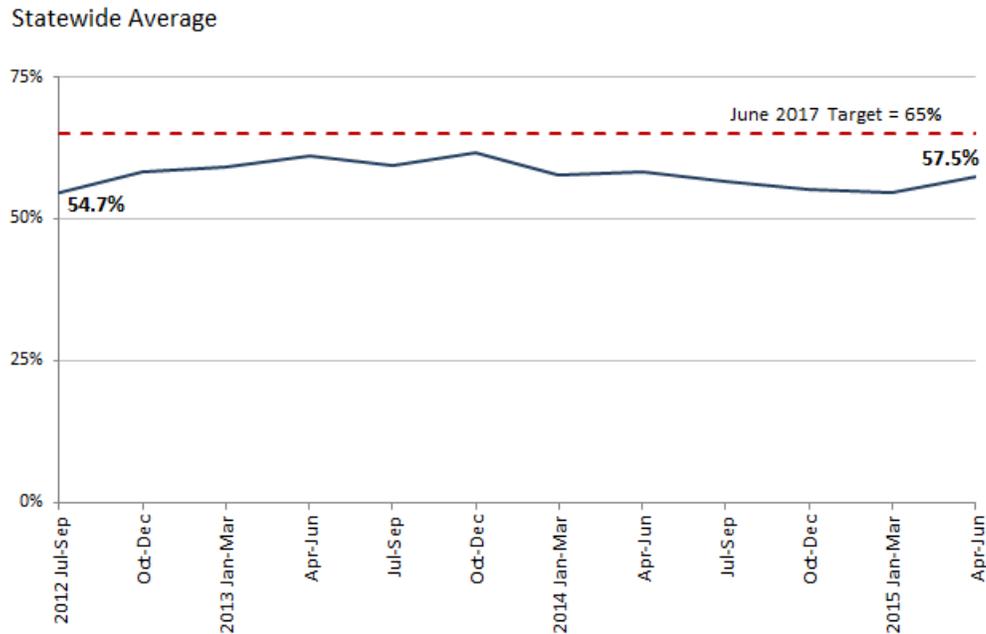
**Success Measure:** Decrease the percentage of acute psychiatric inpatient stays that were followed by an acute psychiatric re-admission within thirty days.

**Action Plan:** Monitor Regional Support Network (RSN) performance in increasing the 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 described in the A3 Action Plan.

- Improve communication between community hospitals and RSNs on notifications of hospital admissions, and planned/unplanned discharges.

- Provide training to providers on intake, Rehabilitation Case Management and Crisis Stabilization.
- The current measure to increase the percentage of consumers receiving a service within seven days is being replaced with a new measure that will better address the underlying issue to be resolved which is to reduce re-admissions to psychiatric hospitals. The revised measure will be included in the BHO contracts effective April 1, 2016. The baseline data and specific targets will be finalized in April 2016.

**CHART 2.2 Increase the percentage of mental health consumers receiving a service within 7 days after discharge from inpatient settings from the average of 53.3 percent to 65 percent in July 2017.**



**Note: This chart reflects the previous measurement for this Strategic Objective. Baseline data, targets and charts reflecting the new measure will be included in the next version of the BHA strategic plan.**

**Strategic Objective 2.3:** Increase availability of outpatient mental health services for adults.

		2012	2013	2014	2015
2.3	Availability of outpatient mental health services for adults 	YELLOW	YELLOW	GREEN	GREEN

**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. Expanding Medicaid coverage should increase access to outpatient mental health services for these individuals, reduce reliance on crisis services, and increase the opportunity for people with mental illness to recover and improve their quality of life. We also expect reductions in the use of costly crisis and long-term inpatient services.

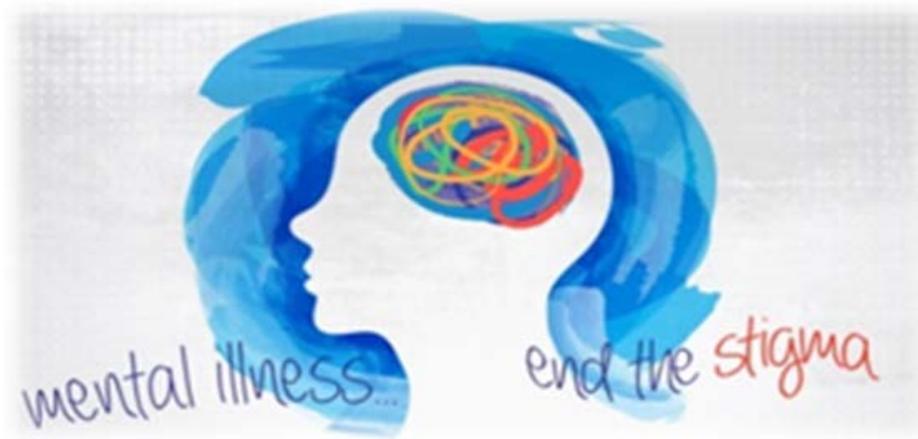
**Success Measure:** Increase the percentage of adult enrollees identified in need of mental health treatment who received outpatient mental health treatment services.

**Action Plan:** The measure was impacted by the growth in population served due to Medicaid Expansion. Newly eligible populations of Medicaid clients began entering the system under the Expansion starting in June 2014.

- Collaborate with other DSHS administrations, the Health Care Authority and the Washington Health Benefits Exchange on a comprehensive information campaign to enroll persons previously Medicaid-ineligible, to increase access to MH services.
- Implement recommendations of two workgroups convened to discuss issues and develop solutions related to increasing enrollment and improving the process of engaging people into services after intake.
- Use the monthly RSN meetings to problem solve with the RSNs to increase enrollment.

The previous measure to increase the number of adults receiving an outpatient mental health services was achieved and is being replaced by a more comprehensive measure of the penetration of services within the enrollee population. The new measure will be included in BHO contracts effective April 1, 2016. The baseline data and specific targets will be finalized in April 2016.



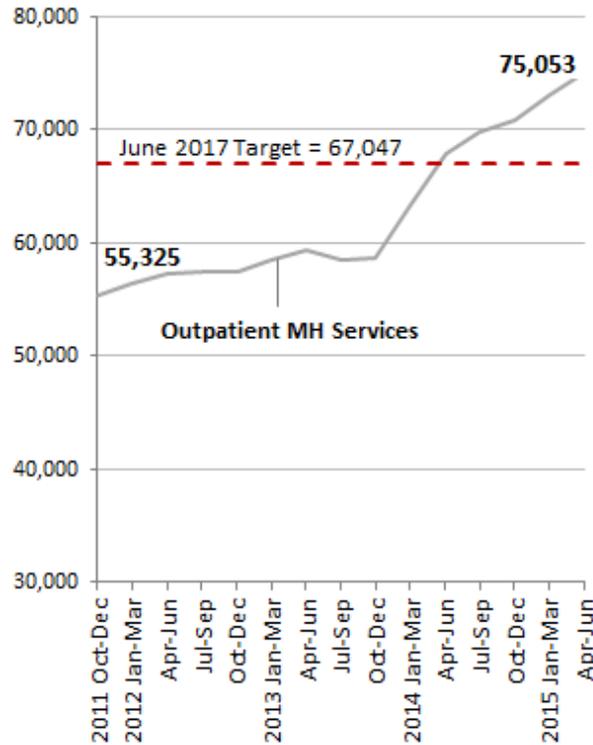


See analysis and plan at: BHA Action Plan [SO2.3 Adult Outpatient CD](#)

CHART 2.3 Maintain the number of adults receiving outpatient mental health services at 67,047 (January 2015 average) through June 2017.

### Adults Receiving Mental Health Treatment for RSNs

#### OUTPATIENT



### 3. Provide successful chemical dependency treatment, recovery and prevention services

**Strategic Objective 3.1:** Reduce reported use of marijuana and alcohol by 10<sup>th</sup> graders.

**Importance:** Marijuana and alcohol use by adolescents is known to negatively impact school attendance, academic performance and social functioning. We monitor 10th grade marijuana and alcohol use at the state and local level to understand the implications of policy changes on adolescent drug use over time. The data also provides an indication of statewide prevention strategy effectiveness, and helps determine the need for additional investments as statewide trends change and local high need communities are identified.

**Success Measure 3.1.1:** Between January 2015 and July 2017 permit no increase from 18 percent of 10<sup>th</sup> graders who report using marijuana in the last 30 days.



**Success Measure 3.1.2:** Reduce the percent of 10<sup>th</sup> graders who report drinking alcohol in the last 30 days from 21 percent in January 2015 to 19 percent in July 2017.



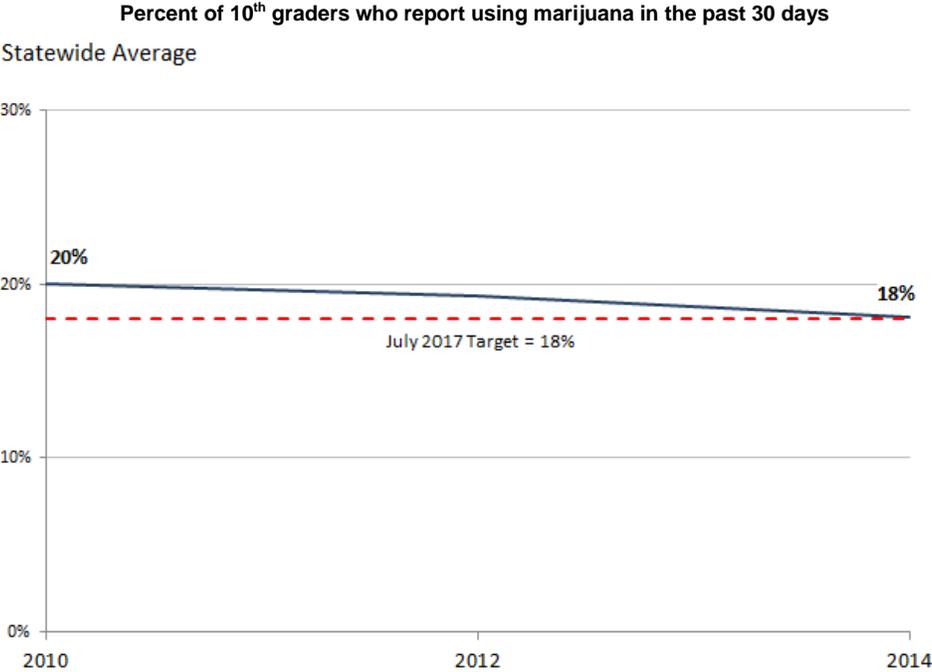
**Action Plan:**

- Sustain Tribal prevention programs and the Community Prevention and Wellness Initiative, including the Prevention/Intervention Program.
- Provide public education and awareness efforts for middle school aged youth and their parents.
- Develop key prevention messages with partners for statewide distribution.
- Develop a toolkit to prevent underage use of marijuana.
- Support community-based organizations, regional and statewide partners in distributing messaging.
- Develop a prevention marketing campaign with state partners.
- Implement and evaluate a prevention marketing campaign.
- Determine strategies for creating policies that prohibit the sale of marijuana products that appeal to youth.

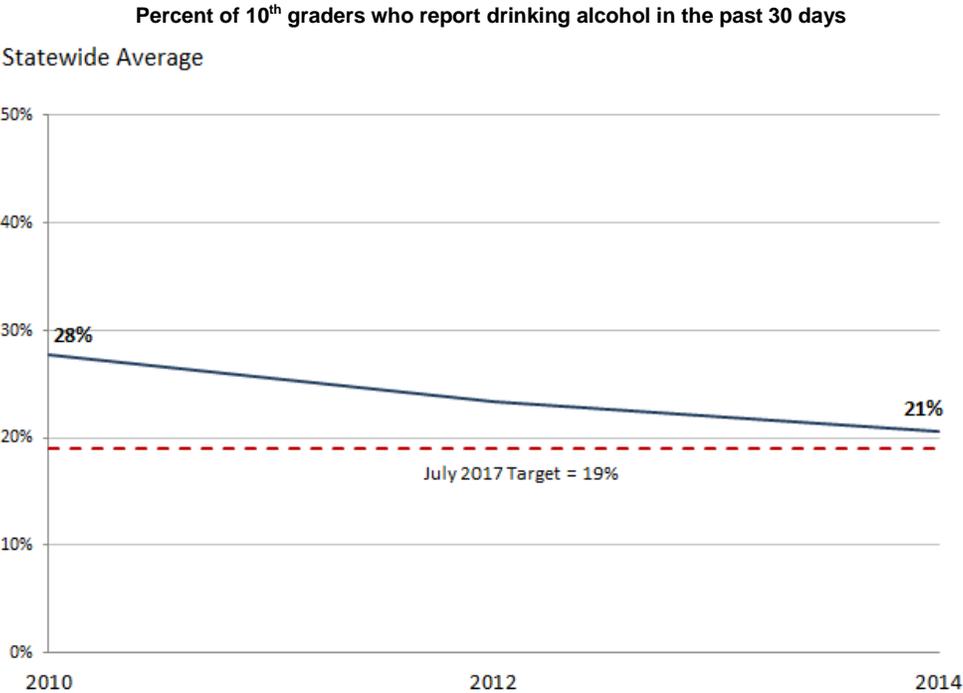


See analysis and plan at: BHA Action Plan [SO 3.1.a Marijuana](#) & Action Plan [SO 3.1.b Alcohol](#)

**CHART 3.1.1** Experience no increase from 18 percent between January 2015 and July 2017 in the percentage of 10<sup>th</sup> graders who report using marijuana in the last 30 days.



**CHART 3.1.2** Reduce the percent of 10<sup>th</sup> graders who report drinking alcohol in the last 30 days from 21 percent in January 2015 to 19 percent by July 2017.



\*This data is from the Healthy Youth Survey which is conducted once every two years

**Strategic Objective 3.2:** Increase outpatient Substance Use Disorder treatment retention for adults.

		2012	2013	2014	2015
3.2	Outpatient Substance Use Disorder treatment retention for adults		GREEN	GREEN	GREEN

**Importance:** Research indicates that treatment retention (defined here as remaining in treatment for at least 90 days) results in positive outcomes, such as reducing substance use and criminal justice involvement. Longer participation in treatment also increases the likelihood of employment, increased earnings and stability in housing.

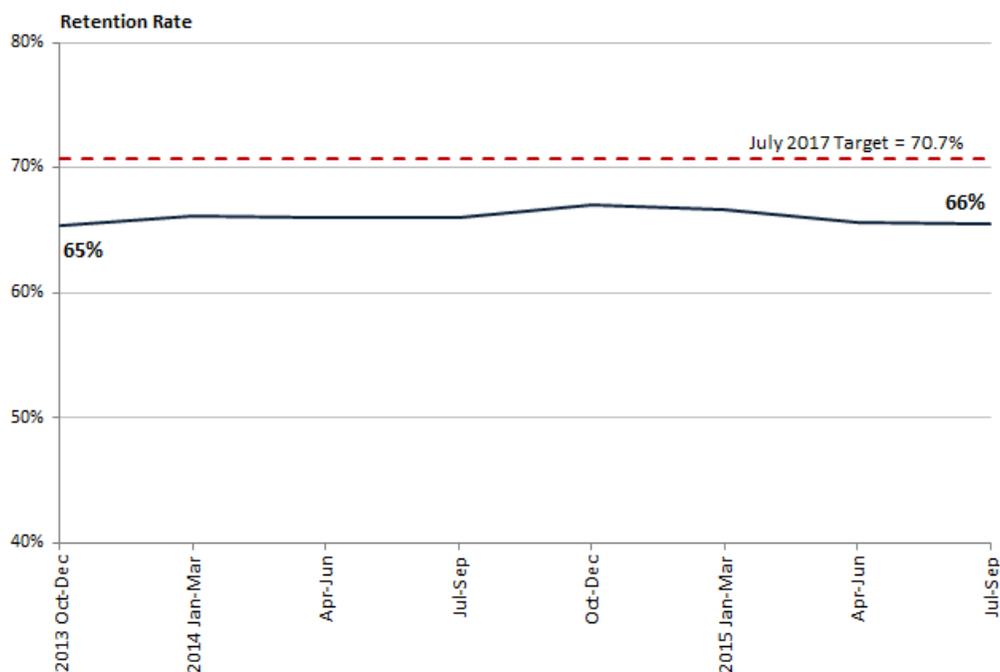
**Success Measure:** Increase outpatient chemical dependency treatment retention for adults from the average rate of 67 percent in January 2015 to 70.7 percent by July 2017.

**Action Plan:**

- Amend county chemical dependency contracts to reflect this objective and monitor their progress.
- Encourage treatment providers to increase client retention in services through enhancing communication with individuals in treatment.
- Sustain the toolkit on engagement and retention strategies that was developed and disseminated to treatment providers and other stakeholders in January 2015.
- Continue to monitor the outcome of the Brandeis Incentive Study and consider adopting strategies that enhance retention and develop other continuous quality improvement strategies to meet the percentage target.
- Provide technical assistance, upon request, and work closely with providers who have not progressed in meeting the percentage target. Use best practices from other counties as applicable.



**CHART 3.2 Increase outpatient chemical dependency treatment retention for adults from the average rate of 67 percent in January 2015 to 70.7 percent by July 2017.**



**Strategic Objective 3.3:** Increase outpatient Substance Use Disorder treatment retention for youth.

		2012	2013	2014	2015
3.3	Outpatient Substance Use Disorder treatment retention for children				
		GREEN	GREEN	GREEN	GREEN

**Importance:** Research indicates that treatment retention (defined here as remaining in treatment for at least 90 days) results in positive outcomes, such as reduced involvement in substance use and criminal justice. Longer participation in treatment also increases the likelihood of employment, increased earnings and stability in housing.

**Success Measure:** Increase youth outpatient chemical dependency treatment retention from the average of 71 percent in January 2015 to 73.8 percent by July 2017.

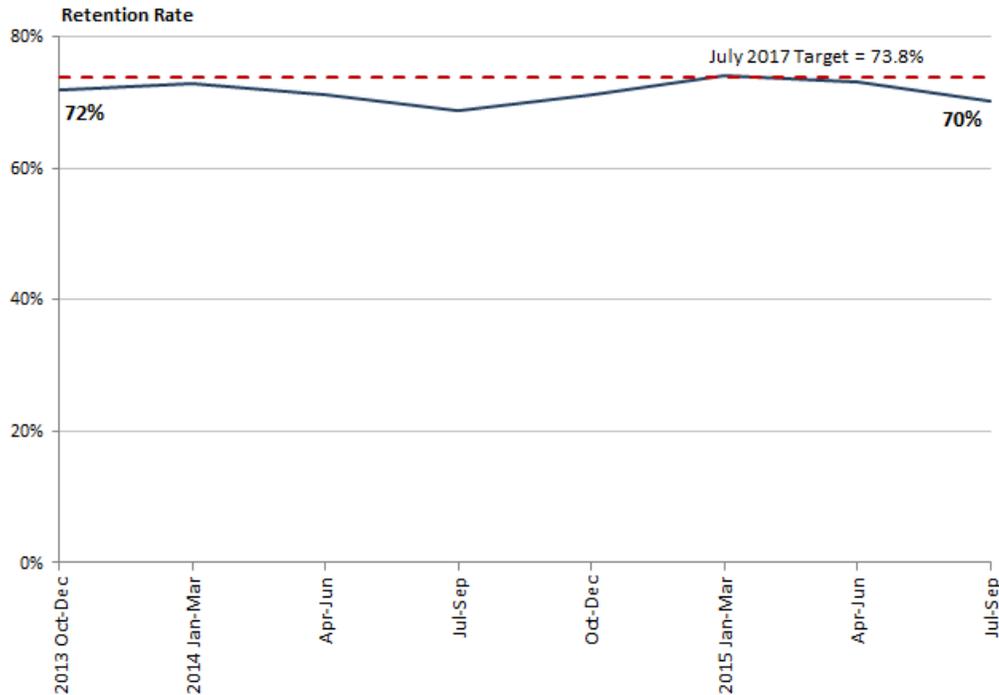
**Action Plan:**

- Move forward on the Results Washington A3 Implementation Plan (appendix 1).
- Use Quality Improvement Collaboratives, which consist of randomly selected outpatient providers coming together each month to work with other providers while designing a project specific to their needs to increase engagement and retention.
- Disseminate resources to parents/caregivers on treatment options available.

- Conduct a needs assessment and set a new statewide goal based on current performance.
- Encourage treatment providers to access the Alcohol Drug Abuse Institute Retention Toolkit to engage family members in the treatment process.

See analysis and plan at: BHA Action Plan [SO 3.3 Youth Outpatient CD](#)

**CHART 3.3 Increase outpatient chemical dependency treatment retention for youth from the average of 71 percent in January 2015 to 73.8 percent by July 2017.**



**Strategic Objective 3.4:** Increase rates of employment and earnings for those receiving Substance Use Disorder treatment.

	2012	2013	2014	2015
<b>3.4</b> Increase employment for individuals receiving Substance Use Disorder treatment for clients	GREEN	GREEN	GREEN	GREEN

**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.

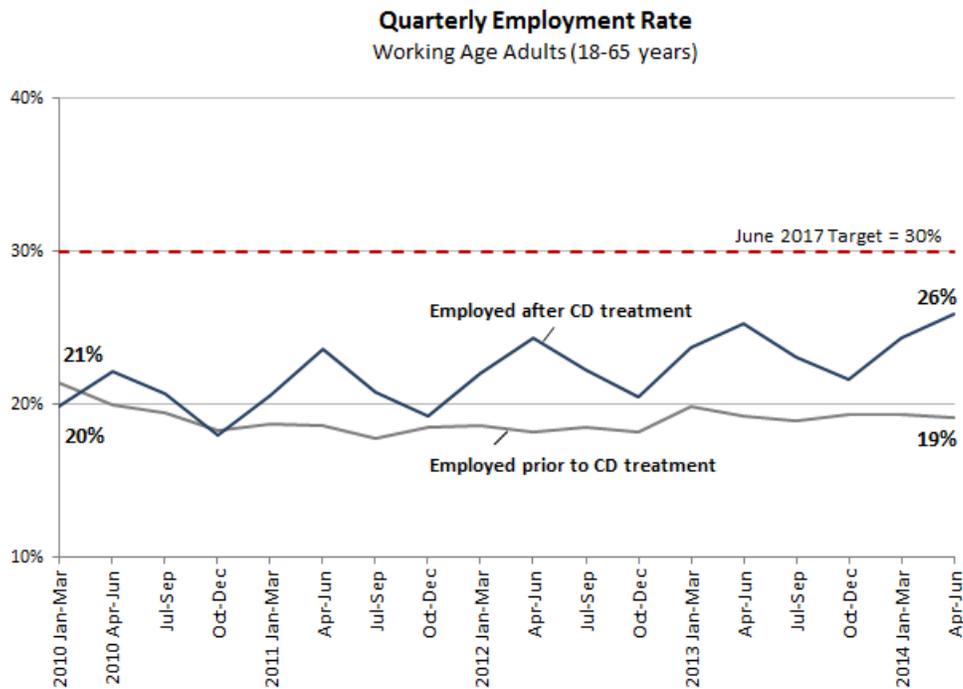
**Success Measure:** Increase the rate of employment for individuals who receive substance use disorder treatment from the average of 21 percent in January 2015 to 30 percent by July 2017.

**Action Plan:**

- Continue efforts to improve employment among persons with a substance use disorder.
- Continue federal grant-funded recovery support programs (WA-CARES Recovery Support Services and Access to Recovery) that help meet clients' employment goals.
- Incorporate vocational strategies into treatment plans in Pregnant and Parenting Women (PPW) programs.
- Implement the BHA Employment Network contract to support the Ticket to Work program.
- With funds from a recently awarded federal Substance Abuse Mental Health Services Administration (SAMHSA) demonstration grant, implement evidence-based supported employment activities in two communities, to serve individuals with co-occurring mental health and substance use disorder issues. These grant funds expire September 30, 2019.
- Support the Governor's Disability Employment Task Force priorities in Executive Order 13-02.

See analysis and plan at: BHA Action Plan [SO3.4 Employment](#)

**CHART 3.4 Increase the rate of employment for individuals who receive BHA-funded chemical dependency treatment from the average of 21 percent in January 2015 to 30 percent by July 2017.**



#### 4. Other mission critical goals

**Strategic Objective 4.1:** Successfully partner within DSHS and with other state agencies on health system transformation to ensure that recovery, independence, wellness, person-centered principles and strength-based services are embedded in the State Innovation Model, Medicaid global waiver and other initiatives.

		2012	2013	2014	2015
4.1	Partner with DSHS and other state agencies on health system transformation				New in 15-17 plan <b>GREEN</b>

**Importance:** Throughout its development, the Healthier Washington initiative has relied upon input from multiple sectors and communities across Washington. Culminating with the award of \$65 million dollars from the federal Centers for Medicare and Medicaid Services (CMS), this initiative builds upon landmark legislation and uniquely positions public and private partners across the state to accelerate better health, better care and lower costs. Recognizing that health care exists as part of a broad community network of health and social services, success for Healthier Washington rests upon effectively re-inventing the delivery system. It cannot succeed without its system partners, including DSHS.

Of the 1.7 million Medicaid beneficiaries receiving health insurance through the Health Care Authority, many of these same beneficiaries receive services from DSHS including long term care, developmental disability services, child welfare services, behavioral health and economic services supports such as food benefits. As a state multi-agency administered reform effort, Healthier Washington will impact DSHS administrations whose clients, families and caregivers will be affected by the planned reforms.

The original Health Care Innovation Plan noted that it “charts a bold course for transformative change in Washington State that links **clinical and community factors** that support health, spreads effective payment and care delivery models,” and that a “transformed system is positioned to address prevention and social determinants of health as part of a broader community of health.” BHA has staff with skill and expertise to support successful outcomes in Healthier WA investment and to build effective relationships with communities, community based providers, caregivers and families.

**Success Measure:** Success for the first year will include, but is not limited to:

- *Practice Transformation:* In partnership with the Department of Health, developing an implementation plan for integrated care delivery systems that support behavioral health clients and provide support to mental health and chemical dependency providers to improve integration of primary care and behavioral health services.
- *Accountable Communities of Health:* Engagement, recruitment and retention of community based organizations supporting DSHS consumers and partners.
- *Payment Redesign:* Implementation of payment methods that create incentives to improve performance on key outcome measures for clients.
- *Analytics Interoperability Measures:* Develop an integrated mental health and chemical dependency data system to improve recovery.
- *Global Medicaid Demonstration Waiver:* Delivery system and payment redesign supporting recovery oriented behavioral health supports that allow people to live well in their communities.

**Action Plan:**

- Implementation of Interagency Agreement with Health Care Authority to define the scope of work and payment.
- Hire Healthier Washington staff for BHA subunits.
- Develop the infrastructure for Healthier Washington and Medicaid transformation that includes the Medicaid 1115 waiver.
- Integrate the delivery of physical and behavioral health services by 2020.
- Build clinical-community links to address core social and community-based service needs that are critical to meaningfully engaging Medicaid clients in improving their health.
- Connect Healthier Washington to the Health Care Authority, Department of Health and other DSHS administrations and state agencies.

**Data:** By the year 2020, the Healthier Washington project will achieve better health, better care and lower costs for at least 80 percent of the state residents. This is the first strategic measure for BHA to lay the groundwork for leadership and collaboration with the Health Care Authority and Department of Health towards that goal. Provide BHA leadership policy and program direction to achieve Healthier Washington milestones by participating in the Core Teams and Project Teams and supporting Executive Governance and Consulted Leadership.



**Strategic Objective 4.2:** Maintain quality of health care standards in chemical dependency and mental health programs.

		2012	2013	2014	2015
4.2	Increase the number of licensed behavioral health agencies that receive an on-site survey at least once every three years				New in 15-17 plan <b>YELLOW</b>

**Importance:** BHA’s Division of Behavioral Health and Recovery (DBHR) regulates public and private substance use disorder treatment programs and community mental health agencies. There are approximately 570 certified substance use disorder treatment programs and 450 licensed community mental health agency service sites statewide. During state fiscal year 2014, more than 185,000 publicly funded patients were served by these programs. In addition, thousands of Washington residents were served in private, for-profit programs.

Licensing and certification standards were established to ensure:

- Quality health care services of equal intensity, duration and scope.
- Quality management.
- Consistent application of clinical standards and practices.
- Consistent implementation of patient health and safety standards.
- Certified and licensed substance use disorder and mental health professionals are operating within the scope of their practice.
- Consistent risk management monitoring of substance use disorder treatment programs and community mental health agencies.
- Rapid response to complaints regarding substance abuse disorder treatment programs, community mental health agencies and providers helps ensure patient health and safety.

DBHR certification and licensing activities play a critical role in advancing system quality by ensuring that substance use disorder treatment programs and licensed community mental health agencies are surveyed at least once every three years, that complaint investigations are responded to rapidly and that technical assistance is available to support provider agencies. This decreases the risk of patient health and safety problems, supports providers and increases the quality of patient care.

**Success Measure:** Increase the number of behavioral health agencies that receive an on-site survey at least once every three years from 69.5 percent in January 2015 to 80 percent by July 2017.

**Action Plan:** During state fiscal year 2014, the Office of Certification, Licensing and Customer Relations completed a Lean Value Stream Mapping Workshop to identify and implement initiatives to improve certification and licensing services. During state fiscal year 2015, this work unit will re-organize to more closely align with this strategic objective as well as other initiatives that improve customer service to provider agencies.

**Strategic Objective 4.3:** Implement managed care behavioral health integration by April 1, 2016.

	2012	2013	2014	2015
4.3 Implement managed care behavioral health integration contracts in April 2016				New in 15-17 plan <b>GREEN</b>

**Importance:** BHA is committed to the integration of mental health and chemical dependency benefits through Behavioral Health Organizations (BHO). BHOs will deliver integrated mental health and chemical dependency services through county-based regions known as regional service areas that will be aligned contractually and geographically with the Health Care Authority’s Apple Health/ Medicaid managed care contracts. Better coordination of care should lead to improved health outcomes.

**Success Measure:** Success will be measured by the execution of contracts with the new BHOs 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 integrated services contracts that move chemical dependency residential and county outpatient chemical dependency service contracts from state-paid fee-for-service to managed care contracting. BHA and the Health Care Authority (HCA) will 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.

- Complete the actuarial and financial analysis to develop a certified rate for behavioral health services that adds chemical dependency treatment to the Medicaid managed care program. Staff will provide fiscal and service use data to the actuaries to support rate setting. Decisions around benefit design and provider qualifications for the new regional behavioral health organizations have been made to support rate calculations.
- Request detailed plans by July 1, 2015, 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.
- Improve information systems by procuring a new reporting system, or making necessary improvements to the current systems to support integrated services. BHA 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. BHA will define the data structure and reporting requirements for the new BHOs.
- Define and implement a quality management system for chemical dependency and mental health services that will incorporate outcome and performance measure reporting.

See analysis and plan at: BHA Action Plan [SO4.BHO](#)

**Strategic Objective 4.4:** Increase the skills, awareness and engagement of BHA leadership in equity, diversity and inclusion.

		2012	2013	2014	2015
<b>4.4</b>	Increase the skills, awareness and engagement of BHA leadership in equity, diversity and inclusion				New in 15-17 plan <b>RED</b>

**Importance:** We can best assure public trust by aligning purpose and objectives with the principles of equity, diversity and inclusion across all divisions and hospitals within BHA. An engaged and motivated leadership and workforce ensure greater retention of staff, development of future leaders within the organization and improve customer service and customer relationships.

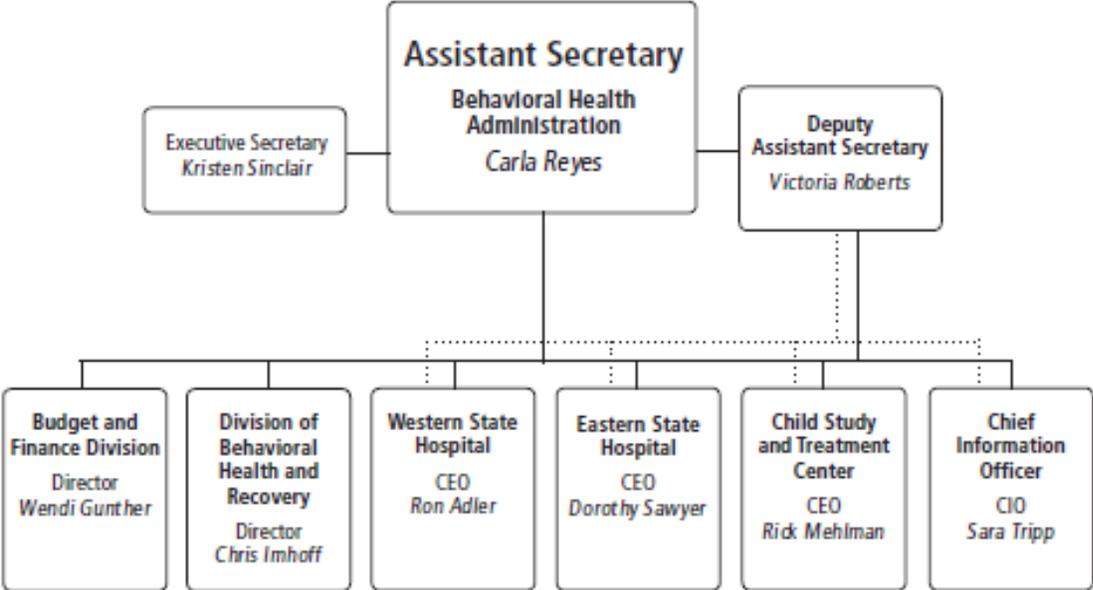
**Success Measure:** Increase the percentage of BHA managers and supervisors who have completed training in equity, diversity and inclusion skills from 44 percent in January 2015 to 75 percent by July 2017.

**Action Plan:**

- Enhance leadership and staff skills through improved training in partnership with the Office of Diversity and Inclusion.
- Leaders will incorporate equity, diversity and inclusion skills into their hiring, management and staff retention practices.
- Act affirmatively to recruit and hire individuals from protected groups and to identify and address trends in staffing, hiring and turnover.
- Review BHA Employee Survey results by area, highlighting strengths and concerns and develop division level plans to improve employee engagement, satisfaction and retention.

# Department of Social and Health Services

## Behavioral Health Administration



March 3, 2016