Behavioral Health and Service Integration Administration (BHSIA)

House Health Care and Wellness Committee

Jane Beyer, Assistant Secretary
Department of Social and Health Services
January 13, 2015
BHSIA - Major initiatives underway:

- *Trueblood* litigation related to forensic mental health competency evaluation and restoration services
- State psychiatric hospital safety initiative - ongoing efforts in partnership with our staff to reduce assaults, reduce use of overtime and improve safety at our state hospitals
- Implementation of *T.R. v. Quigley and Teeter* settlement agreement
- Single Bed Certifications – Response to *D.W. v Quigley*
- 6312 Implementation - Behavioral health organizations and early adopter service areas, including cross system performance measures
- I-502 Implementation - Marijuana legalization – youth marijuana prevention and treatment services, Healthy Youth Survey
BHSIA - Major initiatives underway (cont.):

- Collaborations with the Health Care Authority
  - Health homes for people with complex care needs
  - Fully integrated managed care contracting for people eligible for both Medicare and Medicaid in King and Snohomish Counties
  - Centers for Medicare and Medicaid Innovation State Innovations Model grant
Mental Health Funding Sources

- Medicaid
- State Allocated Funds
- Federal Block Grant Funds
- Local Tax Funding

Medicaid funds are used to fund outpatient/inpatient/crisis/residential services. Services for Non-Medicaid individuals or non-billable services are funded by Federal Block Grant Funds. Counties choose how to spend local tax funds.
# Mental Health

Total funding 2013-15 Biennium

$1.86Billion

<table>
<thead>
<tr>
<th>Funding Sources</th>
<th>Total Number of Individuals Served FY 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Fund – State: $941,691,000</td>
<td></td>
</tr>
<tr>
<td>General Fund – Federal: $841,381,000</td>
<td>149,866</td>
</tr>
<tr>
<td>Other - Local: $77,210,000</td>
<td></td>
</tr>
</tbody>
</table>
How Are Community Mental Health Services Administered?

Regional Support Networks (RSNs)

- 11 statewide
- Provide mental health crisis and involuntary treatment services - “insurance blind”
- Provide mental health services to Medicaid clients with severe mental illness

Contracts

- Medicaid operated under a 1915b Federal Waiver as Prepaid Inpatient Health Plans
- Receive a per-member-per-month capitation payment for all Medicaid enrollees
- At risk to provide all medically necessary mental health services to Medicaid clients who meet Access to Care Standards (managed care)
- State-only funded program operates under a separate contract and RSNs provide limited non-Medicaid services within their available state-only funds
- Services are primarily provided through subcontracts with licensed community mental health agencies (approximately 170 provider agencies).
# Mental Health Service Array

## RSNs Provide the Following Medicaid Mental Health Services Statewide

- Brief Intervention
- Crisis Services
- Day Support
- Family and Individual Treatment
- Evaluation and Treatment (inpatient)
- Group Treatment
- High Intensity Treatment
- Intake Evaluation
- Medication Management
- Mental Health Services in Residential Setting
- Peer Support
- Psychological Assessment

## RSNs Provide the Following Additional Services Within Available Resources

- **RSNs are provided with General State Funds to provide the following for anyone in the boundaries of the counties in the region:**
  - Involuntary Commitment Services
  - Crisis Services
  - Freestanding Evaluation and Treatment

- **RSNs additionally use Federal Block Grant, local tax dollars and donations, plus any state funds not used for the above to provide:**
  - Residential Supports including Supported Housing
  - Employment Services
  - Community Education and Consultation
## State Psychiatric Hospitals

**Total funding 2013-15 Biennium**

$486.5$ Million

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Location</th>
<th>Serves</th>
<th>Funded capacity:</th>
<th>Total number served FY 14 -</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Western State Hospital</strong></td>
<td>Lakewood, WA</td>
<td>19 Western Washington counties</td>
<td></td>
<td>827</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Forensic – 270</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Civil – 557</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>TOTAL: 827</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Total number served</td>
<td>FY 14 - 1878</td>
<td></td>
</tr>
<tr>
<td><strong>Eastern State Hospital</strong></td>
<td>Medical Lake, WA</td>
<td>20 Eastern Washington counties</td>
<td></td>
<td>287</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Forensic – 95</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Civil – 192</td>
<td></td>
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<td></td>
<td>TOTAL: 287</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Total number served</td>
<td>FY 14 - 888</td>
<td></td>
</tr>
<tr>
<td><strong>Child Study and Treatment Center (CSTC)</strong></td>
<td>Lakewood, WA</td>
<td>Washington State</td>
<td></td>
<td>47</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Forensic –</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Civil –</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td>TOTAL: 47</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Total number served</td>
<td>FY 14 - 105</td>
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</tbody>
</table>
Chemical Dependency Funding Sources

- **Medicaid**
  - Used to fund outpatient/crisis/residential services

- **State Allocated Funds**

- **Federal Block Grant Funds**
  - Funds non-Medicaid services and outpatient/residential

- **Local Tax Funding**
  - Counties choose how to spend funds
## Chemical Dependency

Total funding 2013-15 Biennium
$450.4 Million

<table>
<thead>
<tr>
<th>Funding Sources</th>
<th>Total Number of Individuals Served FY 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Fund – State: $137,793,000</td>
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</tr>
<tr>
<td>General Fund – Federal (Medicaid, Federal Grants): $280,568,000</td>
<td>63,605</td>
</tr>
<tr>
<td>Other State: $15,733,000 (Criminal Justice Treatment Account, Problem Gambling)</td>
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<tr>
<td>Other - Local: $16,301,000</td>
<td></td>
</tr>
</tbody>
</table>
How Are Chemical Dependency Services Administered?

• Fee-for-service basis with rates for bed days, hours of outpatient treatment, and specific rates for assessments

- Residential and Support Services for Housing: Contracted by the state directly with providers
- Outpatient and most detoxification services: Contracted through counties and subcontracted out to providers
- Access to Recovery (ATR) and other recovery support services: Contracted through counties
## Chemical Dependency Service Array

<table>
<thead>
<tr>
<th>Prevention</th>
<th>Intervention</th>
<th>Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community, school-based, and tribal programs</td>
<td>Alcohol detoxification and referral services for youth and adults</td>
<td>Residential Chemical Dependency Treatment</td>
</tr>
<tr>
<td>Statewide programs implemented primarily through interagency agreements and partnerships</td>
<td>24-hour helpline</td>
<td>County Based Outpatient Treatment</td>
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<tr>
<td></td>
<td>Drug, family therapeutic and DUI courts</td>
<td>Detoxification</td>
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<tr>
<td></td>
<td></td>
<td>Support Services (i.e. Housing Support Services for Pregnant and Parenting Women)</td>
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<tr>
<td></td>
<td></td>
<td>Housing Assistance (Oxford Housing)</td>
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<tr>
<td></td>
<td></td>
<td>Recovery Support Services</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Problem Gambling</td>
</tr>
</tbody>
</table>
BHSIA - Major initiatives underway
6312/2572 Implementation - Behavioral Healthcare System Redesign

Behavioral health organizations and early adopter service areas, including cross system performance measures
Regional Service Areas: New geographical boundaries for state purchased behavioral and physical healthcare through managed care contracts
BHO and Early Adopter Options

**Behavioral Health Organization (BHO)**

*Combined administration of mental health and chemical dependency under managed care*

- One BHO will purchase and administer behavioral health services in each Regional Service Area
- Single local entity maintains the responsibility and risk for substance use disorder treatment and all of the mental health services previously overseen by the RSNs
- DBHR will begin the contracting process for BHOs in 2015, for services starting April 2016

**Early Adopter**

*A second purchasing path for the Regional Service Areas*

- Regions can choose to integrate physical and behavioral health purchasing into contracts with managed care organizations (MCOs) and **not** have a BHO
- HCA will manage these contracts, which starts in 2016, and will set the behavioral health and medical payment rates
T.R. Children’s Settlement

- **T.R. v Quigley**
  - Lawsuit settled in 2013 regarding access to community-based services for children with serious emotional disturbance
  - Implementation over the period of 2013-2018, phased by geographic area

*NOTE: Roll out schedule is tentative beyond September 2014.*
T.R. Children’s Settlement

- **T.R. v Quigley**

- Wraparound with Intensive Services (WISe)
  - Comprehensive behavioral health services and supports to Medicaid-eligible individuals, up to 21 years of age, with complex behavioral needs and to their families

- Special Services
  - Intensive Care Coordination
  - Intensive Services provided in Home and Community Settings
  - 24/7 Crisis/Stabilization Services

- Implementation Plan approved and on track

- WISe Trainings

- Behavioral Health Assessment System (BHAS)
Single Bed Certifications

- August 7, 2014 Supreme Court of WA upheld county commissioner decision that the practice of using single bed certifications to avoid overcrowding certified evaluation and treatment facilities is unlawful
Single Bed Certifications

Emergency Action

- Up to $30m General Fund - State spending authorized to acquire up to 145 additional psychiatric treatment beds
- DSHS and other interested parties filed a joint motion to stay decision
- Stay granted until December 26, 2014
Single Bed Certifications

Update

- 145 new beds – funding sustained in Governor’s budget
- Authority to use ‘In lieu of’ provision
- DSHS is working with several RSNs to develop additional community-based evaluation and treatment capacity by the end of 2015.
- DSHS plan includes opening additional civil beds at Western State Hospital in mid-2015.
I-502 Implementation

• I-502 dedicates a portion of revenues to youth-related activities
• Youth marijuana prevention and treatment services, such as:
  • Increase Community Prevention and Wellness Initiative sites
  • Funding for intervention treatment and recovery support services
• Healthy Youth Survey
Forensic Mental Health

- Forensic mental health system serves people with mental illness who are involved in the criminal justice system
  - People found not guilty by reason of insanity
  - Competency evaluation and restoration services
Trueblood et al v DSHS

• Federal class action lawsuit against DSHS in 2014 (August)

• Alleges that the 14th Amendment constitutional rights of persons who are ordered by a court to receive competency evaluation or restoration services through DSHS and are waiting in jail for those services are being violated

• Oct 2014: US District Court set trial date March 2015
  • Scope of case was narrowed to the timeframes of how long individuals wait in jail for admission into hospital after forensic services are ordered by the court.
  • Partial summary judgment granted December 22, 2014.
Trueblood et al v DSHS

- Governor’s budget includes the following requests submitted by DSHS:
  - Additional forensic beds at WSH and ESH:
  - 3 additional forensic evaluators;
  - WFSE CBA: New job class for Forensic Evaluators;
- Developing quality assurance and continuing education requirements as part of the certification of forensic evaluators
- Proposed legislation
- Diversion from arrest
State Hospitals

Safety Improvements
- Ad Hoc Safety Committee
- Daily Safety Huddles
- PERT
- Center for Forensics Basics Training

Safety Data
Safety Investments
Investing in Staff Longevity

Continuous Improvement
- Coordinated Quality Improvement Program
- Inter-hospital Policy Committee
- Inter-hospital Clinical Review Committee
- Using Lean tools to improve safety and efficiency

Implementation of EMR
- Integrated Electronic Health Record (EHR) Team
Health Homes

- Implemented in July of 2013 statewide (except King/Snohomish)
- Eligibility: Available to High risk/cost individuals
  - Medicaid or Dual eligible
  - Chronic illness and at risk for another
- Integrates across care systems
- Enrollment for November 2014
  - Total Eligible – 40,271
  - Clients being served – 3,892
Office of Service Integration
Collaborative Projects with Health Care Authority

HealthPath WA

- Fully integrated managed care contracting for people eligible for both Medicare and Medicaid in King and Snohomish Counties
- Full risk for Medicare and Medicaid services
  - A single benefit that includes medical, behavioral health and long term services and supports
  - Paid through capitated contracts with United Health Care and Community Health Plan of Washington
- Voluntary
- Go live in July 2015
Healthier Washington

- Partnership between HCA and DSHS
- Composed of three strategies to transform Washington’s health care delivery system by:
  - Improving how health care services are paid for;
  - Ensuring health care focuses on the whole person; and
  - Building healthier communities through a collaborative regional approach
Thank You

Questions???

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