

Washington State Mental Health System Improvement Scope of Work

Overview: Mental Health System Improvement

The growing demand for state hospital beds has strained the state's capacity to meet the demand for beds while providing for a sufficient workforce to operate state hospitals safely. The Executive and Legislative branches are working collaboratively to maximize access to, safety of, and the therapeutic role of state hospitals to best serve patients while ensuring the safety of patients and staff.

Project Questions for the state of Washington

Engrossed Substitute Senate Bill 6656 requires the Office of Financial Management to contract with an external consultant to examine the current configuration and financing of the state hospital system. The consultant will work with state hospitals, local governments, community hospitals, mental health providers, and behavioral health organizations to identify options and make recommendations related to the following key questions:

- 1) Financing Structure and Financial Incentives
 - a. Should changes be made to the current financing structure and financial incentives for state hospital civil bed utilization by providing behavioral health organizations and full integration entities under RCW 71.24.380 with the state funds necessary to purchase a number of days of care at a state hospital equivalent to the current allocation model, instead of providing state hospital bed allocations under RCW 71.24.310?
 - b. If changes are made to the current financing structure, how best can funds be made available to purchase state hospital beds or for alternative uses such as to purchase beds in other locations, to invest in community services, and to invest in diversion from inpatient care?
 - c. Should Behavioral Health Organizations and equivalent entities in full integration regions be placed at risk for state hospital civil utilization for patients within their catchment areas, while receiving the means and opportunity to apply any savings resulting from reduced state hospital utilization directly to the service of clients in the community?
 - d. How can behavioral health organizations in full integration regions be incentivized to increase their utilization management efforts, develop additional capacity for hospital diversion, and increase capacity to safely serve complex clients in the community?

2) State Psychiatric Hospitals

- a. What are the potential costs, benefits, and impacts associated with dividing one or both of the state psychiatric hospitals into discrete hospitals to serve civil and forensic patients in separate facilities?
- b. Which populations are most appropriately served at the state Psychiatric hospitals?
- c. What are the barriers to timely admission to the state hospitals of individuals who have been court ordered to ninety or one hundred eighty days of treatment under RCW 71.05.320?
- d. What interventions should be utilized to prevent or reduce psychiatric hospitalization?
- e. What are the benefits and costs of developing and implementing step-down and transitional placements for state hospital patients?
- f. Does discharge of patients take into consideration whether it is appropriate for the patient to return to the patient's original community considering the location of family and other natural supports, the availability of appropriate services, and the desires of patients?
- g. Is a lack of resources in a patient's home community a significant factor that causes barriers to discharge or frequently results in relocation of patients outside their home communities for post-hospital care?
- h. How can efforts best optimize continuity of care with community providers, including but not limited to coordination with any community behavioral health provider or evaluation and treatment facility that has treated the patient immediately prior to safe hospital admission, and any provider that will serve the patient upon discharge from the state hospital?
- i. How can barriers to discharge be reduced or eliminated, with further consideration given to:
 - i. assurance that discharge planning begins at admission;
 - ii. availability of co-occurring substance use disorder treatment services at the state psychiatric hospitals;
 - iii. clarification of roles and accountability of state psychiatric hospitals and behavioral health organizations for their responsibility in the discharge planning process, including the availability of community diversion and transition options;
 - iv. Contract performance measures related to timely discharge planning in behavioral health organization contracts;
 - v. Monitoring and oversight of behavioral health organizations in their contracted responsibilities for developing an adequate network to meet the needs of their community;
 - vi. Incentivizing the use of community resources when clinically appropriate; and
 - vii. Expedite discharge for individuals who are the responsibility of the long-term care or developmental disability systems, or who are not covered by Medicaid, and assure financial responsibility to appropriate systems, including the potential necessity of other state-run facilities.

Scope of Work

To identify options and make recommendations for each project question, Public Consulting Group will perform the following tasks:

Task 1

Initial Project Meeting and Project Management

The Public Consulting Group team will participate in an initial meeting with staff from the state of Washington to create and review a detailed project management plan with identified site visits, deliverables and due dates. Specifically, Public Consulting Group shall:

- 1) For the life of the contract, participate in weekly check-in calls and provide written status updates that summarize project progress, report weekly on total billable hours, and identify any unforeseen challenges and mitigation strategies.
- 2) Provide full time, on-site project management staff with project management expertise to help manage the deliverables, milestones, and due dates of multiple mental health related contracts and initiatives; such as, staffing consultant contract, UW training unit contract, jail diversion study, workforce development, behavioral health integration, systems improvement agreement contract, discharge planning, and geropsychiatric patients discharge.
- 3) Provide support to the Behavioral Health Integration Executive Oversight Group

Task 2

Data Collection and Assessment of the current Mental Health System

Identify and describe the current mental health system for individuals with mental illness either receiving services or are in need of services at the state psychiatric hospitals or in community mental health facilities.

- 1) For each state psychiatric hospital, the Maple Lane and Yakima facilities, identify the number of available forensic beds by bed type: a) not-guilty by reason of insanity; b) forensic competency restoration; and, c) inpatient forensic evaluation beds.
- 2) For each forensic bed type, by state psychiatric hospital, identify the average monthly occupancy rate, the average length of stay, patient acuity, patients with re-occurring disorders, and the geographic location of the patient's residence at each state psychiatric hospital. Capture the number of individuals on wait lists and wait times for placement.
- 3) For each state psychiatric hospital, the Maple lane and Yakima facilities identify the number of civil beds by bed type: 1) adult psychiatric beds; 2) geropsychiatric beds; 3) habilitative mental health beds; and, 4) evaluation and treatment beds.
- 4) For each civil bed type, by state psychiatric hospital, the Maple Lane and Yakima facilities identify the average monthly occupancy rate, the average length of stay, patient acuity, patients with re-occurring disorders, and the geographic location of the patient's residence at each state psychiatric hospital. Capture the number of individuals on wait lists and wait times for placement.
- 5) Identify the number of monthly forensic flips at each state psychiatric hospital. Include the number of forensic flips that begin each month and the number of patients in the hospital who are on a forensic flip each month.

- 6) Identify the number of evaluation and treatment facilities and where they are located
- 7) Identify the number of evaluation and treatment facility beds, by location, and the average monthly occupancy rate and the average length of stay
- 8) Identify the number of private, non-profit psychiatric beds, by location, and the average monthly occupancy rate and the average length of stay
- 9) Identify all barriers to timely discharge from a state psychiatric hospital forensic or civil placement. Consider mental health and other services provided in the community and at state hospitals (including the Maple Lane and Yakima facilities) and the potential correlation to barriers.
- 10) Develop an inventory of services utilized by individuals with mental health needs. The inventory shall delineate mental health services from other services utilized by individuals with mental health needs (such as housing and transportation). Also, the inventory shall delineate services provided in the community, in each state psychiatric hospital, at Maple Lane and Yakima facilities, at evaluation and treatment facilities, and at private, non-profit facilities.
- 11) Identify the funding streams and the daily bed rate for: 1) each forensic bed type at state psychiatric hospitals; 2) each civil bed type at state psychiatric hospitals; 3) evaluation and treatment beds; 4) and private, non-profit psychiatric beds.
- 12) Identify which populations are appropriately served at each state psychiatric hospital.
- 13) Show how the state of Washington compares nationally for 1) the number of forensic beds, by bed type, based upon the state population; 2) the number of civil beds, by bed type, based upon the state population; 3) number of community evaluation and treatment beds based upon the state population; 4) the number of private, non-profit psychiatric beds based upon the state population; 5) staffing levels for forensic beds; 6) staffing levels for civil beds; 7) the type and duration of mental health and other services; and 8) services to individuals with both behavioral support and long term services and support needs.
- 14) Identify staffing levels at each of the state psychiatric hospitals. Include the number of staff by position title. Work collaboratively with the Department of Social and Health Services Staffing Level Consultant.
- 15) Develop flow charts that show the flow of services available to clients with mental health needs. Show variations based upon geographic region and the acuity of individuals.
- 16) Develop funding flow charts that show how current services are funded in Washington State using the services inventory.

Task 3

Best Practice Research

The Public Consulting Group will conduct a comprehensive literature review to identify nationally recognized best practices and answer each of the project questions, as appropriate. Additionally, best practice research must also consider the following:

- 1) The appropriate role of state psychiatric hospitals in the state's mental health system. Recommendations shall consider the appropriate size of each hospital for forensic and civil beds, the appropriate population to be served at each hospital, appropriate services for timely discharge, forensic flips, and an effective process that timely discharges individuals from each hospital when appropriate.

- 2) The appropriate role of the community mental health system. Recommendations shall consider community diversion and transition options, how beds should be allocated between state psychiatric hospitals and the community, the use of financial incentives for state psychiatric hospital civil bed utilization and services that stabilize individuals in the community and help to prevent hospitalization.
- 3) How best to maximize federal participation for treatment and preserving access to funds through the disproportionate share hospital program.
- 4) A methodology for division of the current state hospital beds between each of the behavioral health organizations and full integration regions. The methodology must consider two options:
 - a) a methodology which allocates the resources supporting state hospital bed utilization solely among behavioral health organizations and full integration regions; and, b) a method which allocates a portion of the resources supporting state hospital bed utilization among behavioral health organizations and full integration regions, and the remainder to the state long-term care and developmental disabilities systems. The portion allocated to the state long-term care and developmental disabilities systems must correspond to state hospital bed utilization by patients whose primary community care needs after discharge will be funded by the state long-term care or developmental disability system, based on client history or a functional needs assessment, and include payment responsibility for the state hospital utilization by these patients.
 - a. Development of payment rates for state hospital utilization that reflects financing, safety, and accreditation needs under the new system and ensure that necessary access to state hospital beds is maintained for behavioral health organizations and full integration regions
 - b. Maximizing federal participation for treatment and preserving access to funds through the disproportionate share hospital program under either methodology
 - c. Billing and reimbursement mechanisms
 - d. Discharge planning procedures that must be adapted to account for functional needs assessments upon admission
 - e. Identification of regional differences and challenges for implementation in different regional service areas
 - f. A means of tracking expenditures related to successful reductions of state hospital utilization by regional service areas and means to assure that the funds necessary to safely maintain gains in utilization reduction are protected
 - g. The timing of implementation including exploration of options for transition to full implementation through the use of smaller scale pilots allowing for the creation of alternative placements outside the state hospitals such as step-down or transitional placements
 - h. The potential for adverse impacts on safety and a description of available methods to mitigate any risks for patients, behavioral health organizations, full integration regions, and the community.
 - i. An explanation of the benefits and disadvantages associated with the alternative methods.

- 5) Planning for the long-term integration of physical and behavioral health services, including strategies for assessing risk for the utilization of state hospital beds to health plans contracted to provide the full range of physical and behavioral health services.

Task 4

State-Level Information Gathering: Interviews with stakeholders, consultants, and policy makers

The Public Consulting Group will review the current mental health system by conducting informational interviews with key stakeholders, other consultants working on mental health system recommendations, and with policy makers.

- 1) Input shall be collected from:
 - a. Mental health providers including evaluation and treatment leadership
 - b. Behavioral health organization leadership
 - c. State Psychiatric Hospital leadership
 - d. Early adopter leadership
 - e. Administrative service organization leadership
 - f. Managed care organization leadership
 - g. Local government
 - h. The Washington Hospital Association
 - i. Labor Unions
 - j. Courts and Judges
 - k. Prosecutors and Defense Councils
 - l. Legislative staff
 - m. Local Jails
 - n. Local Police Agencies
 - o. The King County Alternative to Boarding Task Force
 - p. State agencies
 - q. The Select Committee on Quality Improvement in State Hospitals
 - r. The DSHS SIA Consultant
 - s. The DSHS Staffing Consultant
 - t. Other experts as necessary
- 2) Collaborate with the Department of Social and Health Services system improvement agreement and staffing model consultant charged with an examination of the clinical role of staffing at each state psychiatric hospital, including: 1) clinical models of care; 2) current staffing models; 3) barriers to recruitment and retention; 4) creating a sustainable culture of wellness and recovery; 5) increasing responsiveness to patient needs; 6) reducing wards to an appropriate size; 7) the use of interdisciplinary health care teams; 8) the appropriate staffing model and staffing mix to achieve optimal treatment outcomes considering patient acuity; and 9) increase safety for staff and patients.

- 3) Compile recommendations from other mental health system contracts and related work, such as: 1) the System Improvement Agreement Consultant; 2) State Hospital Staffing Consultant; 3) University of Washington Training Unit contract; 4) Jail Diversion Study contract; 5) Workforce Development contract; 6) Trueblood; 7) Enhanced Service Facilities contract; and 8) Behavioral and Physical Health full integration.

Deliverable #1: Initial Findings Report due 9/2/2016

The Public Consulting Group will provide a comprehensive Initial Findings Report. The report will provide information and baseline data that clearly depicts the current mental health system: staffing levels, funding streams and funding levels, state psychiatric and community bed levels and availability, and state psychiatric and community mental health services. Baseline data will be used to calculate the gap between the current system and system improvement recommendations.

In addition to baseline information, the Initial Findings Report shall also provide a comprehensive review of national best practices specifically in response to the project questions.

Task 5

Alternative Options and Final Recommendations

Deliverable #2: Final Recommendations Report due 9/30/2016

The Public Consulting Group will answer each project question, provide options, and make recommendations. Recommendations will consider national best practices and stakeholder input. Recommendations also will include how to best leverage federal funding and estimated costs for full implementation of each recommendation.

Task 6

Implementation and Transition Plans

Deliverable #3: Final Implementation and Transition Plans due 11/15/2016

The Public Consulting Group will provide an implementation plan and assist with implementation of approved recommendations. Additionally, the Public Consulting Group will develop a communication plan that clearly and effectively communicates when changes will occur and what the specifics of those changes.