

Washington State Mental Health System: Work Plan, Deliverables, Price

ID	Topic	Task	Start	Finish	Deliverables	Price	Billable Hours
1. Initial Project Meeting and Project Management							
1A.	Project Management Staff	Provide full time, on-site project management staff with project management expertise. The staff shall help manage mental health related contract deliverables and shall provide weekly status reports.	7/1/2016	12/31/2016	On-going Support	\$146,000	730 Hours
1B.	Detail Project Plan	Develop a detailed project plan with identified deliverables, milestones and due dates for all mental health related contracts and initiatives; such as, DSHS staffing consultant, UW training unit, jail diversion study, workforce development, behavioral health integration, systems improvement agreement, discharge planning, and discharge geropsychiatric patients.	7/1/2016	7/8/2016			
1C.	Check-Ins	Participate in weekly check-in calls or in person meetings.	7/1/2016	12/31/2016			
2. Data Collection and Assessment of Current Mental Health System							
2A.	Forensic Bed Data	For each state psychiatric hospital, the Maple Lane and Yakima facilities, identify the number of available forensic beds by bed type: 1) not-guilty by reason of insanity; 2) forensic competency restoration; and, 3) inpatient forensic evaluation beds.	7/1/2016	7/29/2016	Deliverable #1: Initial Findings Report	\$128,000	640 Hours
2B.	Forensic Bed Data	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.					

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2C.	Civil Bed Data	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.	7/1/2016	7/29/2016	Deliverable #1: Initial Findings Report	Included in Section 2 costs above	Included in 640 hours above
2D.	Civil Bed Data	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.					
2E.	Forensic Flips	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.					
2F.	E&T	Identify the number of evaluation and treatment facilities and where they are located					
2G.	E&T	Identify the number of evaluation and treatment facility beds, by location, and the average monthly occupancy rate and the average length of stay					
2H.	Private, Non-profit	Identify the number of private, non-profit psychiatric beds, by location, and the average monthly occupancy rate and the average length of stay					

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2I.	Discharge Barriers	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.	7/1/2016	7/29/2016	Deliverable #1: Initial Findings Report	Included in Section 2 costs above	Included in 640 hours above
2J.	Treatment Services	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 each community, in each state psychiatric hospital, at Maple Lane and Yakima facilities, at evaluation and treatment facilities, and at private, non-profit facilities.					
2K.	Funding	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.					
2L.	Populations Served	Identify which populations are appropriately served at each state psychiatric hospital.					

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2M.	State Comparisons	Determine 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.	7/1/2016	7/29/2016	Deliverable #1: Initial Findings Report	Included in Section 2 costs above	Included in 640 hours above
2N.	Staffing Levels	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.					
2O.	Flow Charts	Develop flow charts the show the flow of services available to clients with mental health needs. Show variations based upon geographic region and the acuity of individuals.					
2P.	Funding Charts	Develop funding flow charts the show how current services are funded in Washington State using the services inventory.					

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3. Best Practice Research							
3A.	Role of State Hospitals	Determine 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.	8/1/2016	9/2/2016	Deliverable #1: Initial Findings Report	\$126,000	560 Hours
3B.	Role of Community Mental Health	Determine 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.					
3C.	Funding	Determine how best to maximize federal participation for treatment and preserving access to funds through the disproportionate share hospital program.					

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3D.	Civil Beds	<p>A methodology for division of the current state hospitals 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.</p>	8/1/2016	9/2/2016	Deliverable #1: Initial Findings Report	Included in Section 3 costs above	Included in 560 hours above
3E.	Behavioral Health Integration	<p>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.</p>					

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4. State-Level Information Gathering: Interviews with stakeholder, consultants, and policy makers							
4A.	Stakeholder Input	Gather stakeholder input from: 1) behavioral health organization leadership; 2) early adopter region leadership; 3) administrative service organization leadership; 4) managed care organization leadership; 5) local government; 6) the Washington State Hospital Association and private psychiatric hospitals; 7) courts and judges, 8) mental health providers including evaluation and treatment facility leadership; 9) state agencies; 10) the Select Committee on Quality Improvement in State Hospitals; 11) state psychiatric hospital leadership; 12) labor unions; 13) prosecutors and defense councils, 14) legislative staff; 15) local jails; 16) local police agencies; 17) the King County Alternative to Boarding Task Force; and 18) other experts as necessary.	8/1/2016	9/2/2016	Deliverable #1: Initial Findings Report	\$64,000	320 Hours
4B.	Staffing Model	Collaborate with Department of Social and Health Services' consultants 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.					

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4C.	Consultants	Collect 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.	8/1/2016	9/2/2016	Deliverable #1: Initial Findings Report	Included in Section 4 costs above	Included in 320 hours above
5. Alternative Options with Recommendations							
5A.	Project Questions	Provide final recommendations that address each project question.	9/2/2016	9/30/2016	Deliverable #2: Final Recommendations Report	\$192,000	960 Hours
5B.	Funding	Recommend how best to maximize federal participation for treatment and preserving access to funds through the disproportionate share hospital program.					
5C.	Funding	Provide Recommendations for the use of funds from the Governor's Behavioral Health Innovation fund					
5D.	Statutory Obligations	Provide recommendations consistent with Engrossed Substitute Senate Bill 6656, Chapter 37, Laws of 2016, found in Sections 2, 4, 5, 7, and 9. Please see Exhibit B					

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6. Implementation and Transition Plan							
6A.	Implementation Plan	Develop an implementation plan and assist with implementing of recommendations.	9/30/2016	11/15/2016	Deliverable #3: Implementation and Communication Plans	\$60,000	300 Hours
6B.	Communication Plan	Develop a communication plan that clearly and effectively communicates what changes will occur the timing frame for recommended changes.					

Total Billable Hours: 3,510 hours

Estimated Cost: \$716,000

10% Contingency: \$71,000, 355 Billable Hours

Total Estimated Cost: \$787,000