Washington State Health Care Authority

Enhancement for community based behavioral health services

Engrossed Substitute House Bill 1109; Section 1111(5)(pp); Chapter 415; Laws of 2019

June 30, 2020

Acknowledgments

The Health Care Authority must collect information on the metrics and outcomes and submit a report summarizing the findings to the office of financial management and the appropriate committees of the Legislature by June 30, 2020.

Washington State Health Care Authority

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Executive summary

This report will provide the status of the Community Based Behavioral Health Enhancement funding, also known as 6032 Enhancement funding, as required in Engrossed Substitute Senate Bill (ESSB) 6032, section 213 (5)(pp). The intent of the legislation was to assist behavioral health providers in enhancing local community-based behavioral health services.

The 2018 legislation appropriated just under $70 million to enhance community behavioral health services. This funding was allocated to behavioral health organizations proportionate to their regional population and/or enrollment. Eighty percent of the funds were built into the Medicaid per member/per month (PM/PM) premium payments to Managed Care Organizations (MCOs) and Behavioral Health Organizations in not yet integrated regions. The proviso language was written so that the remaining 20 percent non-Medicaid portion of the funding went to the Behavioral Health Organizations (BHOs) in not yet integrated regions and to the Behavioral Health Administrative Service Organizations (BH-ASOs) in the fully integrated regions.

In order to receive these funds, each region was required to submit detailed plans to the Health Care Authority outlining how the funds would be used to address the following specific areas of focus:

1) Reducing the use of long-term commitment beds by placing individuals within communities
2) Transitioning individuals out of state hospitals when they no longer require inpatient psychiatric treatment.
3) Improving the ability of community behavioral health agencies to recruit and retain staff.
4) Diverting individuals with behavioral health issues from the criminal justice system
5) The improvement of recovery services, which includes clubhouse models.

The BHOs, MCOs, and BH-ASOs that received enhanced funding were required to provide regional plans for enhancing behavioral health services in at least one of the five focus areas outlined above. In addition, all areas had to be addressed with the utilization of enhancement funds, or with other funding sources. HCA provided the enhanced funding to the MCOs, BH-ASOs and BHOs, who in turn sub-contracted with providers to deliver behavioral health services.

Per the legislation, the authority was required to develop metrics tracking progress for local area projects. To accomplish this requirement a fiscal metrics template was designed in collaboration with the BHOs, MCOs, and BH-ASOs. As a contract requirement, the authority required BHOs, MCOs, and BH-ASOs to report on a quarterly basis, using the agreed upon fiscal template. The metrics for fiscal year 2019 (July 2018 to June 2019) documented the impact of the enhanced funding. All of the information provided by the quarterly reports is included in Appendix B.

6032 Enhanced funding key findings and data results

After the 6032 proviso language was authorized by the legislature for enhanced funding to start on July 1, 2018, regions began to address behavioral health service needs. A significant amount of

preparation was spent identifying critical regional needs. To assess the most effective use of enhancement funds in their regions, several strategies were utilized:

- Employee surveys were utilized to assess the needs of the region regarding employment satisfaction and workforce retention at the behavioral health agencies. These comprehensive surveys helped identify the areas of focus to determine the most viable and critically-needed local enhancement projects.

- The BHOs, MCOs, and BH-ASOs worked in collaboration with key regional stakeholders and local providers to identify the most critical regional needs, as well as to strategize on how to effectively utilize the enhancement funds as outlined in the proviso language.

In the authority's review and assessment of both the regional plans and quarterly reports, there were a number of key findings and common themes.

- Based on the reports received, the majority of identified local enhanced funding projects were in the following areas of focus:
    - Workforce recruitment and retention in community behavioral health agencies and facilities; and
    - Diversion of individuals with behavioral health needs from the criminal justice system.

- Most of the enhancement funds were used **for <u>improving the ability of community behavioral health agencies to recruit and retain staff.</u>** Examples of some of the regional projects around this focus area include:

    - Behavioral health providers in some regions received a 6% increase in rates to provide cost of living adjustments for their staff, while others received an overall increase in revenue or capitation rates to better support their workforce
    - Additional workforce support by providing free trainings targeting staff burnout and turnover

    High level outcomes in this area include:

    - Succinct and identifiable overall decrease in provider vacancy and turnover rates based on the various local enhanced funding projects throughout the state.
    - Increased pay and decreased turnover
    - Providing additional services for individuals that would not have been available without the legislative proviso for enhanced funding.

- Another area where a majority of regions focused on was **<u>the diversion of individuals with behavioral health issues from the criminal justice system.</u>** Local projects included:

    - Added pre-booking diversion services, holistic care coordination, and criminal legal system coordination.
    - Opened another crisis triage and stabilization facility and implemented a medication assisted treatment program targeting pregnant women and IV drug users.

- Implemented a notification system to alert providers regarding individuals being incarcerated. Created a triage center that accepts police officer drop offs.
- Funded recovery coach peer counselors for the diversion program.

A number of successful projects in the other three focus areas utilized enhancement funding as described below:

- In order to accomplish **a reduction in the use of long-term commitment beds by placing individuals within communities**, providers utilized a number of local projects to accomplish this goal:
  - Strategized to support this area of focus by an identified increase in available residential treatment and supported housing program capacity, as well as outpatient behavioral health community services.
  - Opened a crisis stabilization center.
  - Created an additional Program for Assertive Community Treatment team.
- In facilitating **the transitioning of individuals out of state hospitals when they no longer require inpatient psychiatric treatment**, a number of local projects were implemented:
  - Developed a data system to track when a state hospital patient no longer requires active inpatient psychiatric treatment. This project, implemented by Greater Columbia BHO, is now closed as this region became an integrated region under managed care in January 2019. They had set up their own tracking mechanism within their own data system.
  - Contracted with existing provider to provide transitional support.
  - Hired staff to focus solely on state hospital and residential issues.

- Several local projects focused on strategies in order to facilitate the **improvement of recovery services, which includes clubhouse models:**
  - Provided funding to expand and increase recovery support services.
  - Increased funding for clubhouse program.

  High level outcomes in this area include:
  - An increase in recovery support service encounters and number of clients served by 22 percent.
  - Another region reported a 23 percent increase in the number of encounters.

In preparation for this report, the Health Care Authority was responsible for identifying metrics to track progress for each area of focus and to collect the information and outcomes. We have included this data in the Metric data section and in the appendices as follows:

- Chart 1 identifies areas of focus for which each entity utilized enhanced funding during the first part of fiscal Year 2019 (July 2018 to December 2018) and the second part of fiscal year 2019 (January 2019 to June 2019).

- Chart 2 provides a summary of regional percentage improvements as a result of enhancement funds utilized to accomplish the goals of each specific area of focus.

- Appendix B contains the regional metric sheets detailing the local enhanced funding projects by providers who contracted with their respective BHOs, MCOs and BH-ASOs. The local projects provided enhanced behavioral health services throughout the state.

Background

This 2018 legislation appropriated nearly $70 million in funding for the enhancement of community behavioral health services. The proviso requirements are outlined in Engrossed Substitute Senate Bill (ESSB) 6032:

> *ESSB 6032.PL Section 213 (5)(pp) - $23,090,000 of the general fund— state appropriation for fiscal year 2019 and $46,222,000 of the general fund—federal appropriation are provided solely for the enhancement of community-based behavioral health services. This funding must be allocated to behavioral health organizations proportionate to their regional population.*
>
> *In order to receive these funds, each region must submit a plan to address the following issues: (i) Reduction in their use of long-term commitment beds through community alternatives; (ii) compliance with RCW 71.05.365 requirements for transition of state hospital patients into community settings within fourteen days of the determination that they no longer require active psychiatric treatment at an inpatient level of care; (iii) improvement of staff recruitment and retention in community behavioral health facilities;(iv) diversion of individuals with behavioral health issues from the criminal justice system; and (v) efforts to improve recovery oriented services, including, but not limited to, expansion of clubhouse models. The plans are not limited to the amounts in this subsection and may factor in all resources available for behavioral health. The authority must identify metrics for tracking progress in each of the areas identified. The authority must collect information on the metrics and outcomes and submit a report summarizing the findings to the office of financial management and the appropriate committees of the legislature by June 30, 2020.*
>
> *Twenty percent of the general fund—state appropriation amounts for each behavioral health organization must be used to increase their non-Medicaid funding and the remainder must be used to increase Medicaid rates up to but not exceeding the top of each behavioral health organizations Medicaid rate range*

Medicaid funding

A rate range was established by Mercer, an independent actuary. In the Behavioral Health Organization (BHO) regions, Health Care Authority (HCA) used the established rate range and distributed the enhancement funds via a rate placement of 87 percent towards the upper bound of the range. For the integrated managed care regions, a second independent actuary Milliman converted the rates into rate cell formats and merged them with the physical health premium to create one single per-member/per-month rate for the integrated Managed Care (IMC) regions.

There was a great deal of confusion regarding how the increased funding was put into the rates and how to tease out the portion that was actually for this purpose. The creation of rates is a complex process with programs changing, services being added and contracts changing. All of this occurred during the transition to integrated managed care, which created more confusion about the funding levels for the MCOs. A chart shows a breakdown of the funding in Appendix A.

Required metrics

Per the legislation, the authority identified metrics for tracking progress in each of the five focus areas. The authority created a fiscal template for entities to provide data their metrics and outcomes for fiscal year 2019 (July 2018 to June 2019) for the funds they received.

In addition to the reports and the new plans, the authority requested data on the following items:

- What challenges did you experience in the implementation of programs which were supported by the enhancement funding?
- What strategies did you employ to remove challenges or barriers to implementation?
- Recognizing that HCA would like to assist in the implementation of the proviso language, where can we assist in the implementation or assist in removing barriers?

The following directions to BHOs, BH-ASOs and MCOs were included with the template form:

Why are we collecting metric data?
According to the supplemental budget – HCA is authorized to identify metrics for tracking progress in each of the areas identified. The authority must collect information on the metrics and outcomes and submit a report summarizing the findings to the office of financial management and the appropriate committees of the legislature by June 30, 2020. These reporting requirements will parallel HCA's effort to collect and apply data to strengthen care.

What should be included in the metrics report?
On the fiscal template, we list the five areas of focus identified in the proviso, along with the example HCA metric. Please provide a narrative in each section that describes regional performance in the area either in relation to the HCA metric or other metrics identified by the region and approved by HCA.

Regional plans

While the bill's language calls out BHOs, fiscal assumptions and plans include fully integrated regions. All plans were required to demonstrate collaboration between the BHO, the ASO, and the currently contracted Apple Health MCOs in the regions. Each plan described the expected impact of each strategy based on local needs and priorities. Regional plans were required to factor in all resources available for community-based behavioral health services. Regional plans outlining proposed strategies for the ESSB 6032 Enhanced Funds were submitted to HCA by June 1, 2018.

HCA's review focused on ensuring plans addressed each proviso area of focus and demonstrated regional needs as well as aligned with budget priorities. On June 29, 2018, HCA sent letters informing regions of the acceptance of their plan for the use of enhancement funds with the expectation to have enhancement funds contracted out no later than January 30, 2019.

Metric data for fiscal year 2019 (July 2018 to June 2019)

In accordance to the proviso, the authority's objectives for reporting included the following:

- Identify metrics for tracking progress of each area of focus
- Collect information on the metrics and outcomes
- Submit report summarizing findings by June 30, 2020.

Below are two charts that that provides a summary view of the enhancement funding broken down by regions. Chart 1 identifies areas of focus for which each entity utilized enhanced funding during the first part of fiscal Year 2019 (July 2018 to December 2018) and the second part of fiscal year 2019 (January 2019 to June 2019). Chart 2 provides a summary of regional percentage improvements as a result of enhancement funds utilized to accomplish the goals of each specific area of focus.

Of the report templates received, several provided written documentation of projects that utilized the funding to address projects aimed at the focus areas. Those regional entities included Greater Columbia BH-ASO, Beacon BH-ASO – Southwest region, Spokane BHO and BH-ASO, Thurston Mason BHO and BH-ASO, and MCO United Healthcare. Full documentation is included in the appendices section of this report.

Data

Chart 1 - Areas of focus by entity

	Community Behavioral Health Enhancement Funding		
Areas of Focus Key:	1) Reduction of the use of long-term commitment beds through community alternatives		
	2) Transition of state hospital patients into community settings within 14 days		
	3) Improvement of staff recruitment and retention in community behavioral health facilities		
	4) Diversion of individuals with behavioral health issues from the criminal justice system		
	5) Efforts to improve recovery oriented services, including but not limited to expansion of clubhouse m		
Entity	July 2018 - December 2018	January 2019-June 2019	
	Area of Focus	Area of Focus	
Amerigroup		**3, 4,5**	
CCW	**3, 4,5**		
Greater Columbia BHO	**1,2,3,4,5**		
Greater Columbia ASO		**1,2,3,4,5**	
Great Rivers	**3**	**No report**	
King County BHO	**1,2,3,4,5**		
King County ASO		**1,2,3,4,5**	
North Central - Molina & Beacon	**1,2,3,4,5**		
North Central - Beacon		**4**	
Pierce - Beacon		**4, 5**	
Salish	**1,2,3,4,5**		
Southwest - Beacon	**1,2,3,4,5**	**1,4,5**	
Southwest - CHPW	**3, 4,5**	**3, 4,5**	
Southwest - Molina	**1,2,3,4,5**		
Spokane		**3,4,5**	
Thurston Mason	**1,2,3,4,5**		
United Health		**1,2,3,4,5**	

Chart 2 - Metric data for fiscal year 2019 (July 2018 to June 2019)

Templates were provided for each entity to report outcomes based on funding received, projects planned and focus areas addressed. The following is the outcome data received by entity:

Metrics Provided by BHOs, ASOs & MCOs	Amerigroup	CCW		Great Rivers	King	North Central Molina	North Central Beacon	Salish		Southwest Molina	Southwest CHPW
Area of Focus 1											
1) Reduction of the use of long-term commitment beds through community alternatives											
Reduction in use of long term beds						45%				8%	
Area of Focus 2											
2) Transition of state hospital patients into community settings within 14 days											
Average census decrease						19%				22%	
3) Improvement of staff recruitment and retention in community behavioral health facilities											
Workforce Increase in Positions		23.2	FTE			9%		69	FTE	5%	5%
Decrease in Open Positions		11	FTE			9%				25.70%	26%
Decrease in turnover rate	4 to 15%	10	FTE					13%			
Decrease in vacancy rates				28.2%							7%
Increase in recruitment, Grays Harbor & Cowlitz respectively				3% and 7%							
Rate increase to assist with recruitment and retention					6%						
Retention rate increase								14%			
Increase in pay rates								5 to 10%			
4) Diversion of individuals with behavioral health issues from the criminal justice system											
Diversion from criminal justice system		29	Individuals		700	24%	19	110	Indv	16%	15%
Increase in encounters related to diversion services						1735		6%			13%
5) Efforts to improve recovery oriented services, including but not limited to expansion of clubhouse models											
Increase in members receiving recovery oriented services		3570				48%				26%	22%
Total of encouters for recovery services		33065				3889					23%
Service expansion (increase days)					10-15 persons/month						

Subsequent legislation continuing enhancement funding

In subsequent legislation, the legislature passed proviso language in recently enacted House Bill (HB) 1109, Sec. 215(23). This funding is a continuation of what we formerly termed "6032 enhancement funds," appropriated in ESSB 6032 Sec. 213 (5)(pp). The new funding is now referred to as enhancement for community based behavioral health services for fiscal year 2020.

This 2019 legislation appropriated additional funding for the enhancement of community behavioral health services. A report to the legislator on this funding is due in December of 2020. The proviso requirements are outlined in House Bill 1109:

> *HB 1109, section 215(23) - $23,090,000 of the general fund—state appropriation for fiscal year 2020, $23,090,000 of the general fund—state appropriation for fiscal year 2021, and $92,444,000 of the general fund—federal appropriation are provided solely to maintain the enhancement of community-based behavioral health services that was funded in fiscal year 2019. Twenty percent of the general fund—state appropriation amounts for each regional service area must be used to increase their non-Medicaid funding and the remainder must be used to increase Medicaid rates above FY 2018 levels. Effective January 2020, the Medicaid funding is intended to increase rates for behavioral health services provided by licensed and certified community behavioral health agencies as defined by the department of health.*
>
> *This funding must be allocated to the managed care organizations proportionate to their Medicaid enrollees. The authority must require the managed care organizations to provide a report on their implementation of this funding. The authority must submit a report to the legislature by December 1, 2020, summarizing how this funding was used and provide information for future options of increasing behavioral health provider rates through directed payments. The report must identify different mechanisms for implementing directed payment for behavioral health providers including but not limited to minimum fee schedules, across the board percentage increases, and value-based payments. The report must provide a description of each of the mechanisms considered, the timeline that would be required for implementing the mechanism, and whether and how the mechanism is expected to have a differential impact on different providers. The report must also summarize the information provided by managed care.*

Conclusion

This report provided a statewide summary of the Community Based Behavioral Health projects that utilized 6032 Enhancement funding, as outlined in the Engrossed Substitute Senate Bill, section 213 (5)(pp). The 2018 proviso legislation appropriated nearly $70 million in enhanced funding:

- $23,090,000 of the general fund - state appropriation for fiscal year 2019; and
- $46,222,000 of the general fund - federal appropriation are provided solely for the enhancement of community-based behavioral health services.

After the 6032 proviso language was authorized by the legislature for enhanced funding to start on July 1, 2018, regions began to identify critical regional needs for behavioral health services for fiscal year 2019.

As funds were distributed from the legislature, HCA provided the enhanced funding to the MCOs, BH-ASOs and BHOs, who in turn worked to contract with providers to deliver direct behavioral health services to clients.

A primary challenge in carrying out the legislature's intent with the Behavioral Health Enhancement funding was to achieve a common understanding among stakeholders about the amount of the available funding and how it was distributed. Complexities in the rate setting process raised challenges in identifying exactly how much the rates had increased. All of this occurred during the transition to integrated managed care, which created more complexity for funding levels.

The authority developed metrics for tracking progress for local area projects and provided fiscal templates to all of the entities. The data provided by the entities outlined how they utilized the enhancement funding in specific areas of focus in the behavioral health continuum of care.

Based on the data provided, we identified key findings and common themes. As outlined in this report, the majority of enhanced funding was spent on the following focus areas:

- Workforce recruitment and retention in community behavioral health agencies and facilities; and
- Diversion of individuals with behavioral health issues from the criminal justice system.

Additionally, there were also a significant number of successful projects that utilized enhancement funding in the other three focus areas:

- A reduction in the use of long-term commitment beds by placing individuals within communities.
- The transitioning of individuals out of state hospitals when they no longer require inpatient psychiatric treatment.
- Improvement of recovery services, which included clubhouse models.

The legislative intent was to assist behavioral health providers in enhancing local community-based behavioral health services. Based on the data received from the entities, the distribution of the enhanced funding dollars met the intent of the legislation by providing services that were identified as critical regional needs for behavioral health services.

In looking forward to the next phase of enhanced funding for fiscal year 2020, the Health Care Authority continues to work with our regional health care organizations and providers to increase behavioral health services to meet the needs of our state residents.

Appendix A: Funding methodology

The funding split is indicated on Table 1:

Total Enhancement Funding FY19					
BHO	GFS - Rates	GFF - Rates	Total Medicaid Funding	GFS - 20% Non-Medicaid	Total Enhancement
Great Rivers	$ 1,100,240	$ 2,802,688	$ 3,902,928	$ 167,413	$ 4,070,341
Greater Columbia	$ 1,746,270	$ 4,503,764	$ 6,250,035	$ 434,612	$ 6,684,646
King	$ 4,744,563	$ 12,006,117	$ 16,750,680	$ 1,280,434	$ 18,031,115
North Central (IMC)	$ 611,575	$ 1,411,370	$ 2,022,946	$ 144,643	$ 2,167,588
North Sound	$ 2,351,977	$ 6,916,869	$ 9,268,846	$ 992,088	$ 10,260,934
Pierce	$ 2,228,891	$ 5,557,905	$ 7,786,796	$ 510,937	$ 8,297,733
Salish	$ 1,000,165	$ 2,398,163	$ 3,398,328	$ 219,916	$ 3,618,244
Southwest (IMC)	$ 1,254,276	$ 3,229,221	$ 4,483,497	$ 293,411	$ 4,776,908
Spokane	$ 2,288,936	$ 5,481,272	$ 7,770,208	$ 371,818	$ 8,142,026
Thurston Mason	$ 764,640	$ 2,226,145	$ 2,990,785	$ 202,193	$ 3,192,978
Total	**$ 18,091,534**	**$ 46,533,514**	**$ 64,625,047**	**$ 4,617,465**	**$ 69,242,513**

Foster Care Enhancement FY2019		
Foster Care GFS	Foster Care GFF	Total Foster Care
$ 26,186	$ 26,186	$ 52,371
$ 32,811	$ 32,811	$ 65,621
$ 66,856	$ 66,856	$ 133,711
$ 7,911	$ 7,911	$ 15,821
$ 56,610	$ 56,610	$ 113,220
$ 36,210	$ 36,210	$ 72,421
$ 30,223	$ 30,223	$ 60,446
$ 31,059	$ 31,059	$ 62,119
$ 77,213	$ 77,213	$ 154,426
$ 15,923	$ 15,923	$ 31,846
$ 381,001	**$ 381,001**	**$ 762,002**

Enhancement Funding Jul - Dec 2018					
BHO	GFS - Rates	GFF - Rates	Total Medicaid Funding	GFS - 20% Non-Medicaid	Total Enhancement
Great Rivers	$ 561,738	$ 1,414,166	$ 1,975,904	$ 83,707	$ 2,059,610
Greater Columbia	$ 884,870	$ 2,256,571	$ 3,141,441	$ 217,306	$ 3,358,747
King	$ 2,406,540	$ 6,029,336	$ 8,435,876	$ 640,217	$ 9,076,093
North Central (IMC)	$ 315,044	$ 715,225	$ 1,030,269	$ 72,321	$ 1,102,591
North Sound	$ 1,191,287	$ 3,460,060	$ 4,651,346	$ 496,044	$ 5,147,391
Pierce	$ 1,127,628	$ 2,785,236	$ 3,912,863	$ 255,469	$ 4,168,332
Salish	$ 516,129	$ 1,215,850	$ 1,731,979	$ 109,958	$ 1,841,937
Southwest (IMC)	$ 649,628	$ 1,637,727	$ 2,287,355	$ 146,706	$ 2,434,061
Spokane	$ 1,170,540	$ 2,756,270	$ 3,926,810	$ 185,909	$ 4,112,719
Thurston Mason	$ 390,524	$ 1,122,135	$ 1,512,659	$ 101,096	$ 1,613,756
Total	**$ 9,213,928**	**$ 23,392,574**	**$ 32,606,503**	**$ 2,308,733**	**$ 34,915,236**

Enhancement Funding Jan - Jun 2019					
BHO	GFS - Rates	GFF - Rates	Total Medicaid Funding	GFS - 20% Non-Medicaid	Total Enhancement
Great Rivers	$ 538,502	$ 1,388,522	$ 1,951,464	$ 83,707	$ 2,035,170
Greater Columbia (IMC)	$ 861,400	$ 2,247,193	$ 3,125,017	$ 217,306	$ 3,342,323
King (IMC)	$ 2,338,023	$ 5,976,781	$ 8,375,340	$ 640,217	$ 9,015,557
North Central (IMC)	$ 296,531	$ 696,145	$ 1,011,473	$ 72,321	$ 1,083,794
North Sound (IMC)	$ 1,160,690	$ 3,456,809	$ 4,634,423	$ 496,044	$ 5,130,467
Pierce (IMC)	$ 1,101,263	$ 2,772,669	$ 3,893,398	$ 255,469	$ 4,148,866
Salish	$ 484,036	$ 1,182,313	$ 1,699,164	$ 109,958	$ 1,809,122
Southwest (IMC)	$ 604,648	$ 1,591,494	$ 2,241,749	$ 146,706	$ 2,388,454
Spokane (IMC)	$ 1,118,396	$ 2,725,002	$ 3,885,104	$ 185,909	$ 4,071,013
Thurston Mason	$ 374,116	$ 1,104,010	$ 1,495,392	$ 101,096	$ 1,596,489
Total	**$ 8,877,605**	**$ 23,140,939**	**$ 32,312,524**	**$ 2,308,733**	**$ 34,621,256**

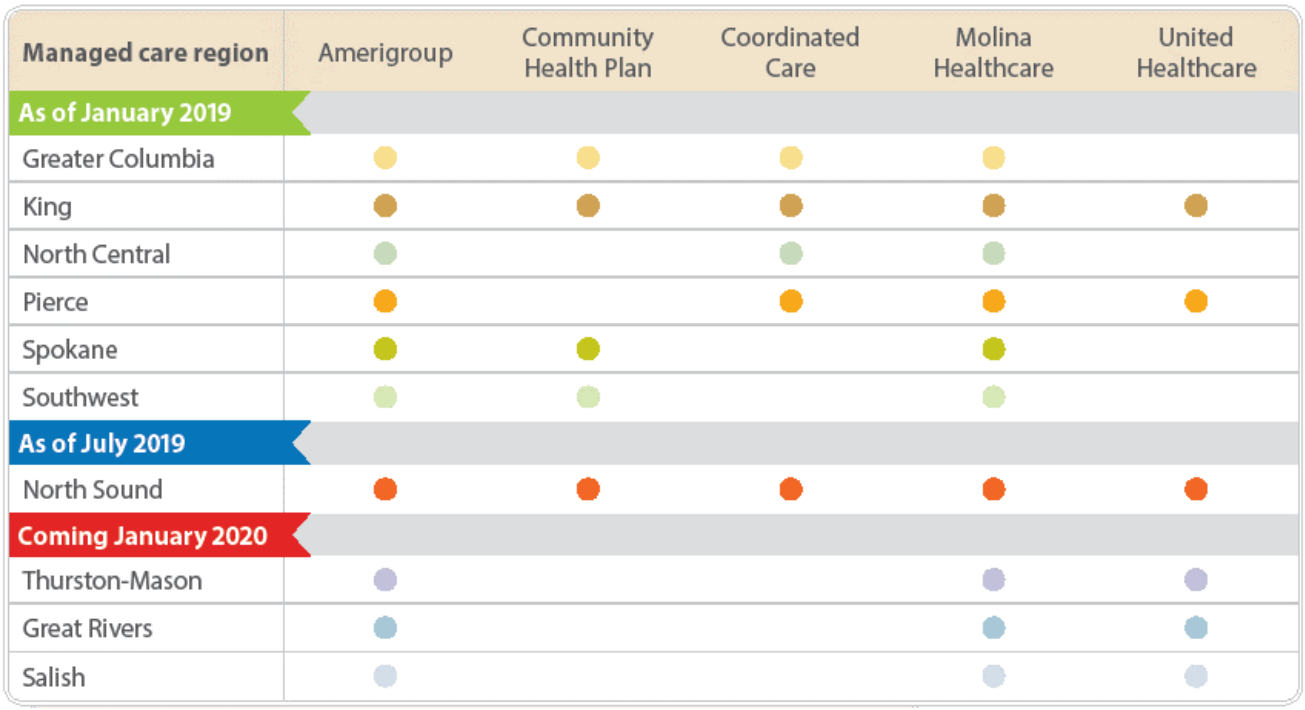
Foster Care Enhancement Jan-June 2019		
Foster Care GFS	Foster Care GFF	Total Foster Care
$ 26,186	$ 26,186	$ 52,371
$ 32,811	$ 32,811	$ 65,621
$ 66,856	$ 66,856	$ 133,711
$ 7,911	$ 7,911	$ 15,821
$ 56,610	$ 56,610	$ 113,220
$ 36,210	$ 36,210	$ 72,421
$ 30,223	$ 30,223	$ 60,446
$ 31,059	$ 31,059	$ 62,119
$ 77,213	$ 77,213	$ 154,426
$ 15,923	$ 15,923	$ 31,846
$ 381,001	**$ 381,001**	**$ 762,002**

Appendix B: Quarterly report data provided by ASOs, BHOs and MCOs

6032 Metrics Sheets for FY 2019*

MCOs

MCOs were asked to report in each region in which they operate as shown in the following graphic.



Managed care region	Amerigroup	Community Health Plan	Coordinated Care	Molina Healthcare	United Healthcare
As of January 2019					
Greater Columbia	●	●	●	●	
King	●	●	●	●	●
North Central	●		●	●	
Pierce	●		●	●	●
Spokane	●	●		●	
Southwest	●	●		●	
As of July 2019					
North Sound	●	●	●	●	●
Coming January 2020					
Thurston-Mason	●			●	●
Great Rivers	●			●	●
Salish	●			●	●

Amerigroup (all regions, January-June 2019)

- Reduction in the use of Long Term Beds
  - HCA Example Metric: % of Long Term Bed decrease in use
    - There were no funds directed to this metric in the North Central ESSB 6032 Plan.

- Transition of state hospital patients into community settings within 14 days
  - HCA Example Metric: # of clients transitioned, % of reduction
    - There was no data collected for this metric in Reporting Period 1. Data will be reported in Reporting Period 2.

- Improvement of staff recruitment and retention in community behavioral health facilities
  - HCA Example Metric: % reduction in turnover or decrease in vacancy rates of staff
    - Catholic Charities: 8% reduction in staff vacancy rates or open positions
    - Okanogan Behavioral Health: 9% reduction in staff
    - Children's Home Society: 4% reduction in staff
    - Center for Alcohol and Drug TX: 0% reduction in staff

- Columbia Valley Community Health: 15% reduction in staff
- Grant Integrated Services: 11% reduction in staff
- American Behavioral Health Systems (Parkside): N/A

❖ Diversion of individuals with behavioral health issues from the criminal justice system
- ➢ HCA Example Metric: # of clients assisted, # of encounters or client count
  - Catholic Charities: Clients served (July17-June18): 95; Clients served (July18-June19): 124; Number of Encounters (July17-June18): 698; Number of Encounters (July18-June19): 2,433
  - Okanogan Behavioral Health: Clients served (July17-June18): 154; Clients served (July18-June19): 184; Number of Encounters (July17-June18): 216; Number of Encounters (July18-June19): 353
  - Children's Home Society: N/A
  - Center for Alcohol and Drug TX: N/A
  - Columbia Valley Community Health: N/A
  - Grant Integrated Services: N/A
  - American Behavioral Health Systems (Parkside): N/A

❖ Efforts to improve recovery-oriented services, including, but not limited to expansion of clubhouse models
- ➢ HCA Example Metric: % of increase in services, # of clients assisted, # of encounters or client count
  - Catholic Charities: Clients served (July17-June18): 2,978; Clients served (July18-June19): 5,684; Number of Encounters (July17-June18): 48,321; Number of Encounters (July18-June19): 78,410
  - Okanogan Behavioral Health: Clients served (July17-June18): 2,287; Clients served (July18-June19): 2,606; Number of Encounters (July17-June18): 29,564; Number of Encounters (July18-June19): 32,930
  - Children's Home Society: N/A
  - Center for Alcohol and Drug TX: N/A
  - Columbia Valley Community Health: N/A
  - Grant Integrated Services: Clients served (July17-June18): 2,762; Clients served (July18-June19): 3,626; Number of Encounters (July17-June18): 40,487; Number of Encounters (July18-June19): 43,463
  - American Behavioral Health Systems (Parkside): N/A

CHPW (Southwest, July 2018 – June 2019)

❖ Reduction in the use of Long Term Beds
- ➢ HCA Example Metric: % of Long Term Bed decrease in use.
  - None Reported

❖ Improvement of staff recruitment and retention in community behavioral health facilities
- ➢ HCA Example Metric: % reduction in turnover or decrease in vacancy rates of staff
  - Agency Staff Sizes
    - The providers in SWWA added on average five (5) staff over the reporting period, with several providers adding zero (0) and others adding upwards of

twenty-five (25) and forty-five (45) new staff. Only one provider reported experiencing a decrease in staffing of twenty-three (23).

- Recruitment Activities
  - Recruitment activities amongst SWWA providers was split with 1/3 of the providers seeing an increase in the number of positions they were able to offer, 1/3 seeing a decrease, and the remaining providers maintain their average number of open positions.
- Staff Retention
  - Half of the providers reported an average of ten (10) additional staff leaving during the 2nd half of the reporting period while the other half reported a decrease in the number of staff leaving their agency.
- Overall Increase/Decrease During Reporting Period (Comparing July 2017-June 2018 to July 2018 – June 2019)
  - Staff Size: 5% Increase
  - Open Positions: 26% Decrease
  - Staff Retention: 7% Decrease

➢ All providers report how important these enhancement dollars were to their agency's ability to remain competitive in the field for recruitment and retention of employees. Agencies reported instituting bonuses for new staff referrals, staff with 2nd languages, and the ability to remain competitive with salaries. Retention was also a focus with agencies reporting plans to increase training for clinicians, offer tuition/debt assistance, and purchase new technologies to help their current staff in their work. While providers all had plans for these enhancement dollars, many of them did report that it was too early for them to fully implement their plans and see the outcomes during this reporting period.

❖ <u>Transition of state hospital patients into community settings within 14 days</u>

➢ HCA Example Metric: # of clients transitioned, % of reduction
- None Reported

❖ <u>Diversion of individuals with behavioral health issues from the criminal justice system</u>

➢ HCA Example Metric: # of clients assisted, # of encounters or client count
- Diversion from Criminal Justice System
  - Only one provider offered data and showed an increase in the both the number of clients diverted and in the number of encounters. This provider assisted an additional one hundred and four (104) clients when comparing July 2017-June 2018 to July 2018 – June 2019, which is a 15% increase in clients and resulted in a 13% increase in encounters.

❖ <u>Efforts to improve recovery-oriented services, including, but not limited to expansion of clubhouse models</u>

➢ HCA Example Metric: % of increase in services, # of clients assisted, # of encounters or client count
- Number of clients Served
  - All but one provider who reported recovery model services reported an increase in the number of clients served and encounters. When comparing July 2017-June 2018 to July 2018 – June 2019, there was two thousand three hundred and forty-four (2,344) additional clients served in the SWWA region which is an increase of 22%.
- Number of Encounters

- All but a couple providers report an increase in the number of encounters during the reporting period and in total, SWWA region saw a 23% increase in encounters when comparing July 2017-June 2018 to July 2018 – June 2019.

Coordinated Care of Washington (all regions, July-Dec 2018)

- Improvement of staff recruitment and retention in community behavioral health facilities
  - MCOs collaborated to create a survey distributed to providers who received 6032 Enhancement Funds to compare the 6 month period of Jan 1 2018-Nune 30 2018 without 6032 Funds to July 1 2018-Dec 31 2018 with 6032 Funds. The provider survey was voluntary, unless the MCOs had it written in their contracts with the providers. The reports to HCA were a required deliverable in the MCO contract. 5 of 7 North Central providers who received funding responded. Full results are included in an attachment, and summarized below.
    - Providers reported a total additional workforce increase of 23.2 FTE positions
    - Providers reported a decrease of 11 total open FTE positions
    - Providers reported a decrease of 10 FTE positions leaving agencies

- Diversion of individuals with behavioral health issues from the criminal justice system
  - MCOs collaborated to create a survey distributed to providers who received 6032 Enhancement Funds to compare the 6 month period of Jan 1 2018-June 30 2018 without 6032 Funds to July 1 2018-Dec 31 2018 with 6032 Funds. 5 of 7 North Central providers who received funding responded. Full results are included in an attachment, and summarized below.
    - Providers reported diverting 29 more individuals from the criminal justice system
    - Providers reported a total increase of 1,735 more encounters related to diversion services

- Efforts to improve recovery-oriented services, including, but not limited to expansion of clubhouse models
  - MCOs collaborated to create a survey distributed to providers who received 6032 Enhancement Funds to compare the 6 month period of Jan 1 2018-June 30 2018 without 6032 Funds to July 1 2018-Dec 31 2018 with 6032 Funds. 5 of 7 North Central providers who received funding responded. Full results are included in an attachment, and summarized below.
    - Providers reported that 3,570 total more members received recovery-oriented services
    - Providers reported submitting a total of 33,065 more encounters for recovery-oriented services

Molina (all regions, July-December 2018)

Southwest

- Reduction in the use of Long Term Beds
  - The use of Long Term Beds decreased by 45% during the past year in which ESSB funding was made available compared to the prior year
    - Number of LongTerm Beds Used (Numerator)Jul 18-Jun 19: 12
    - Number of LongTerm Beds Used (Denominator) Jul 17-Jun 18: 22

- Improvement of staff recruitment and retention in community behavioral health facilities
  - With the ESSB funding the providers surveyed were able to increase the workforce by 9% during the year in which funds were made available compared to the prior year
    - BH Staff among providers surveyed (Numerator) Jul 18-Jun 19: 356
    - BH Staff among providers surveyed (Denominator) Jul 17-Jun 18: 326
  - The providers surveyed had overall fewer option positions during the year in which funds were made available compared to the prior year
    - Open Positions among Providers (Numerator) Jul 18-Jun 19: 84
    - Open Positions among Providers (Denominator) Jul 17-Jun 18: 92

ESSB money given to providers was allocated for Staff Recruitment and Retention. However due to MCOs being unaware of ESSB funding being included with Medicaid premium, the first ESSB payments were not distributed until February 2019 to 5 of the providers. This funding has been invaluable to the providers for purposes retaining and recruiting staff in a highly competitive environment. However, due the delay in starting disbursements there were delays in instituting programs with the funding, hence, the full impact of funding may not show in the data collected. All provider survey results have been included along with detailed comments from the providers in the "Retention Surveys tab."

- Transition of state hospital patients into community settings within 14 days
  - The average census decreased by 19% during the past year after ESSB was made available compared to the prior year
    - Ave Census Jul 18-Jun 19: 4.2
    - Ave Census Jul 17- Jun 18: 5.2

- Diversion of individuals with behavioral health issues from the criminal justice system
  - There was a 24% increase in individuals diverted from the criminal justice system as reported by the surveyed providers during the year ESS funds were made available compared to the prior year. Catholic Charities was able expand the jail program and provide significantly more services than before.
    - Diversion of individuals with BH issues from CJS (Numerator) Jul 18-Jun 19: 308
    - Diversion of individuals with BH issues from CJS (Denominator) Jul 17-Jun 18: 249
    - Diversion encounters to individuals with BH issues (Numerator) Jul 18-Jun 19: 2,433
    - Diversion encounters to individuals with BH issues (Denominator) Jul 17-Jun 18: 698

- Efforts to improve recovery-oriented services, including, but not limited to expansion of clubhouse models
  - There was a 48% increase in members receiving recovery-oriented services from surveyed providers
    - Recovery oriented services provided (Numerator) Jul 18-Jun 19: 11,916

- Recovery oriented services provided (Denominator) Jul 17-Jun 18: 8,027

❖ Reduction in the use of Long Term Beds
- The use of Long Term Beds decreased by 8% during the past year in which ESSB funding was made available compared to the prior year
  - Number of LongTerm Beds Used (Numerator)Jul 18-Jun 19: 45
  - Number of LongTerm Beds Used (Denominator) Jul 17-Jun 18: 49

❖ Improvement of staff recruitment and retention in community behavioral health facilities
- With the ESSB funding the providers surveyed were able to increase the workforce by 5% during the year in which funds were made available compared to the prior year
  - BH Staff among providers surveyed (Numerator) Jul 18-Jun 19: 1,301
  - BH Staff among providers surveyed (Denominator) Jul 17-Jun 18: 1,372

- The providers surveyed had overall fewer option positions during the year in which funds were made available compared to the prior year
  - Open Positions among Providers (Numerator) Jul 18-Jun 19: 240
  - Open Positions among Providers (Denominator) Jul 17-Jun 18: 323

The bulk of the ESSB money given to providers was allocated for Staff Recruitment and Retention. However due to MCOs being unaware of ESSB funding being included with Medicaid premium, the first ESSB payments were not distributed until February 2019. This funding has been invaluable to the providers for purposes retaining and recruiting staff in a highly competitive environment. Due the delay in starting disbursements there were delays in instituting programs with the funding, hence, the full impact of funding may not show in the data collected. All provider survey results have been included along with detailed comments from the providers in the "Retention Surveys" tab.

❖ Transition of state hospital patients into community settings within 14 days
- The average census decreased by 22% during the past year after ESSB was made available compared to the prior year
  - Ave Census Jul 18-Jun 19: 13.25
  - Ave Census Jul 17- Jun 18: 16.92
- Molina did partner with the other MCO's/ BHO's /ASO's and the State Hospital staff from ESH and WSH this past spring to map out our processes and begin to streamline our work.
- We worked on the alignment of the 2 state hospitals, defining how the different services communicate and collaborate, how notifications happen to the health plans related to admissions and discharges, and the State Hospital appeals process and managing the waitlist. We hope this ongoing work will continue to improve results.

❖ Diversion of individuals with behavioral health issues from the criminal justice system
- There was a 16% increase in individuals diverted from the criminal justice system as reported by the surveyed provided during the year ESS funds were made available compared to the prior year. During the same period there was 14% increase in the services provided to those diverted from the criminal justice system. Please note some clients may have received services from more than one provider surveyed.
  - Diversion of individuals with BH issues from CJS (Numerator) Jul 18-Jun 19: 758
  - Diversion of individuals with BH issues from CJS (Denominator) Jul 17-Jun 18: 654

- Services provided to individuals with BH issues from CJS (Numerator) Jul 18-Jun 19: 18,696
- Services provided to individuals with BH issues from CJS (Denominator) Jul 17-Jun 18: 16,412

The SWWA plan included funding for Adult Mobile Crisis Intervention (ACMI) team. Molina passed through the funding to Beacon so that a new ACMI team can be built in SWWA. Please See Survey from Beacon regarding Adult Crisis Services provided.

❖ Efforts to improve recovery-oriented services, including, but not limited to expansion of clubhouse models

- There was a 26% increase members receiving recovery-oriented services provided by surveyed providers. Please note some clients may have received services from more than one provider surveyed.
  - Recovery oriented services provided (Numerator) Jul 18-Jun 19: 11,405
  - Recovery oriented services provided (Denominator) Jul 17-Jun 18: 9,059
- The SWWA plan included funding for Adult Mobile Crisis Intervention (ACMI) team. Molina passed through the funding to Beacon so that a new ACMI team can be built in SWWA. Please See Survey from Beacon regarding Adult Crisis Services provided.

North Central

❖ Reduction in the use of Long Term Beds

- The use of Long Term Beds decreased by 45% during the past year in which ESSB funding was made available compared to the prior year
  - Number of LongTerm Beds Used (Numerator)Jul 18-Jun 19: 12
  - Number of LongTerm Beds Used (Denominator) Jul 17-Jun 18: 22

❖ Improvement of staff recruitment and retention in community behavioral health facilities

- With the ESSB funding the providers surveyed were able to increase the workforce by 9% during the year in which funds were made available compared to the prior year
  - BH Staff among providers surveyed (Numerator) Jul 18-Jun 19: 356
  - BH Staff among providers surveyed (Denominator) Jul 17-Jun 18: 326
- The providers surveyed had overall fewer option positions during the year in which funds were made available compared to the prior year
  - Open Positions among Providers (Numerator) Jul 18-Jun 19: 84
  - Open Positions among Providers (Denominator) Jul 17-Jun 18: 92

ESSB money given to providers was allocated for Staff Recruitment and Retention. However due to MCOs being unaware of ESSB funding being included with Medicaid premium, the first ESSB payments were not distributed until February 2019 to 5 of the providers. This funding has been invaluable to the providers for purposes retaining and recruiting staff in a highly competitive environment. However, due the delay in starting disbursements there were delays in instituting programs with the funding, hence, the full impact of funding may not show in the data collected.

❖ Transition of state hospital patients into community settings within 14 days

- The average census decreased by 19% during the past year after ESSB was made available compared to the prior year
  - Ave Census Jul 18-Jun 19: 4.2
  - Ave Census Jul 17- Jun 18: 5.2

- Diversion of individuals with behavioral health issues from the criminal justice system
  - There was a 24% increase in individuals diverted from the criminal justice system as reported by the surveyed providers during the year ESS funds were made available compared to the prior year. Catholic Charities was able expand the jail program and provide significantly more services than before.
    - Diversion of individuals with BH issues from CJS (Numerator) Jul 18-Jun 19: 308
    - Diversion of individuals with BH issues from CJS (Denominator) Jul 17-Jun 18: 249
    - Diversion encounters to individuals with BH issues (Numerator) Jul 18-Jun 19: 2,433
    - Diversion encounters to individuals with BH issues (Denominator) Jul 17-Jun 18: 698

- Efforts to improve recovery-oriented services, including, but not limited to expansion of clubhouse models
  - There was a 48% increase in members receiving recovery-oriented services from surveyed providers
    - Recovery oriented services provided (Numerator) Jul 18-Jun 19: 11,916
    - Recovery oriented services provided (Denominator) Jul 17-Jun 18: 8,02 United (Pierce)

- Reduction in the use of Long Term Beds
  - N/A

- Improvement of staff recruitment and retention in community behavioral health facilities
  - For Catholic Community Services, staffing went from 163 to 190, average # of openings went down from 72 to 35. See survey results

Catholic Community Services/Pierce County (October 2019)

Positive impacts:

Enhancement funds have resulted in greatly improved staff recruitment. Prior to increasing salaries and adding quarterly retention incentive payments through the enhancement funding our organization sometimes experienced weeks without receiving applications from a single qualified master's level applicant.

Retention is increasing, but that increase didn't start immediately. The second six months of the FY 2018-2019 saw much better retention than the initial six months.

During the July-Dec 2018 period we lost 29 staff in Pierce County. From January-June 2019 we lost less than half of that number – 12 staff departed. And a few of those departures were due to transfers of spouses to another state (military spouses). About 80% of our staff in Pierce work in WISe with the remainder working in Mobile Crisis and Crisis Stabilization.

With the enhancement funds we have:

1) Developed a new **salary scale specifically designed for Behavioral Health** – This increased salaries for our Behavioral Health positions significantly from 2017/18 to 2019/20. With the enhancement funds;

- Master's level Clinician salaries increased by 11.6%
- Certified Peer Counselor - hourly rate increased by 13% with an opportunity to advance after two years, receiving an additional 12% hourly rate increase.
- Care Coordinator - hourly rate increased by 9.5%
- Behavioral Health Specialist - hourly rate increased by 13%

2) We have provided additional **quarterly incentive retention payments** for all staff, and additional incentives for obtaining licensure, for fluency in a language, increased the incentive for 24/7 on-call coverage (WISe), and more.

3) We are able to **reimburse some relocation expenses** and have recruited and hired a number of clinicians from other states.

4) In our annual staff survey the primary request from staff was for more **specialized clinical trainings** in progressive areas, such as *the impact of trauma on brain development*, and *new approaches in de-escalation consistent with trauma informed care.* We have used some of the enhancement funds to cover the cost of scheduling several innovative trainings in specific areas for staff. The trainings have been enthusiastically attended and endorsed by staff. We are making progress on our goal to serve as a learning organization, as well as serving as an innovative provider in each of our communities.

5) **Staff as recruiters** - Staff are encouraged to introduce colleagues or friends to the work we do. If someone they have encouraged is hired, the staff member receives a small recruitment bonus. Once the newly hired individual has completed the introductory period (aka probation) the staff member receives a second small bonus. They often become a mentor for the friend they brought into the organization, which is an additional plus.

6) We have **hired a second recruiter**, well experienced in healthcare recruitment. She will join our HR Manager and will recruit for all Family Behavioral Health sites (Pierce, King, Kitsap, Thurston, Mason, Grays Harbor, Clark, Skamania and Cowlitz), and we anticipate she will be successful in recruiting the best candidates for every position. She will be involved in continuing to develop retention strategies as well. Though she has not officially started, she has already recruited a board certified child and adolescent psychiatrist for us to work in SW WA. We look forward to our new recruiter's arrival on October 14th.

We look forward to strengthening our behavioral health staffing further, as we begin to receive the dollars from the remaining MCOs.

United (Pierce County)

❖ Transition of state hospital patients into community settings within 14 days
- N/A

❖ Diversion of individuals with behavioral health issues from the criminal justice system

Projects and providers	
Project:	Diversion Services
Provider:	RI Recovery Response Center
Provider:	Greater Lakes
Provider:	Greater Lakes FFACT

❖ Efforts to improve recovery-oriented services, including, but not limited to expansion of clubhouse models.

Projects and providers	
Project:	Access to Recovery-Oriented services:
Provider:	Comprehensive
Provider:	CCS Homeless Mental Health Svcs
Provider:	CCS Youth O/P

ESSB 6032 Behavioral Health enhancements provider survey

The proviso requires that the Healthcare Authority collect information on the metrics and outcomes and submit a report to the legislature. Thus, Managed Care Organizations (MCOs) need to collect this information from our providers receiving the enhancement funds.
Please provide information on the following: (please note that all questions may not apply to every provider. Please complete those that reflect how you are utilizing the BH enhancement funds.)

Questions:

1) Name of organization: Catholic Community Services - Pierce County region

2) Improvement of staff recruitment and retention

	July 2018 - June 2019	July 2019 - Dec 2019
Staff Size	163	190
Avg Number of Open Positions	35	20
Number of Employees Leaving	78	30

3) Efforts to improve recovery oriented services

	July 2018 - June 2019	July 2019 - Dec 2019
Number of Clients Assisted	1,345	802
Number of Encounters	44,480	13,727

ESSB 6032 Behavioral Health enhancements provider survey

The proviso requires that the Healthcare Authority collect information on the metrics and outcomes and submit a report to the legislature. Thus, Managed Care Organizations (MCOs) need to collect this information from our providers receiving the enhancement funds.

Please provide information on the following: (please note that all questions may not apply to every provider. Please complete those that reflect how you are utilizing the BH enhancement funds.)

Questions:

1) Name of organization: Greater Lakes healthcare

2) Improvement of staff recruitment and retention

	06/01/2019-12/31/2019
Staff Size	270 FTE's
Avg Number of Open Positions	21
Number of Employees Leaving	87

3) Efforts to improve recovery oriented services

	06/01/2019-12/31/2019
Number of Clients Assisted	7,307
Number of Encounters	82,614

4) Diversion of individuals with Behavioral Health issues from the criminal justice system

	06/01/2019-12/31/2019
Number of Clients Assisted	281
Number of Encounters	9,308

ASOs and BHOs

The ASOs and BHOs were asked to report for each region during their period of operation as shown in the following table.

Timeframe for integration of regions

Date of Integration	Region
April, 2016	Southwest*
January, 2018	North Central*
January, 2019	Greater Columbia, King, Pierce, Spokane*
July, 2019	North Sound
January, 2020	Great Rivers, Salish, Thurston Mason

*Klickitat county shifted to Southwest region from Greater Columbia and Okanogan county shifted to North Central region from Spokane as of January 2019.

Greater Columbia (July 2018 – June 2019)

- Reduction in the use of Long Term Beds
  - HCA Example Metric: % of Long Term Bed decrease in use.

Greater Columbia Behavioral health maintains that its [9-10] County Network Provider BHA's follow the BHO Access to Care and Level of Care standards prior to clientele being placed in long-term commitment beds. By following these BHO Standards GCBH continues to be significantly under census at Easter State Hospital (for instance as of 5-23-2018 our census was 47 while our approved capacity was 68). Within the GCBH Regional Service Area our Network Provider BHA's, also currently have access to 48 E&T and Crisis Triage Beds, with another 8 Crisis and * Long Term Care becoming available by July 1, 2018 in Walla Walla County and another 16 planned for mid-2019 in Yakima County. These beds continue to assist in decreasing the need for GCBH Clientele having to utilize the long-term commitment beds.

- Improvement of staff recruitment and retention in community behavioral health facilities
  - HCA Example Metric: % reduction in turnover or decrease in vacancy rates of staff

Per the US Department of Health and Health Services, Substance Abuse and Mental Health Services Administration in 2014 "congress called out the state-wide behavioral health workforce shortage." In 2016, the Workforce Training and Education Coordinating Board for Washington State reported that "the demand for healthcare is outstripping the availability of services." These descriptors are quite applicable to the GCBH as manifested by the Network Provider BHA's difficulties to recruit and retain staff within each of their systems. As part of this workforce crisis, the continual cut in funding available to the Community Behavioral Health Programs have led to the lack of competitive recruitment and retention of a skilled behavioral health workforce. The last survey of consumers, Allied Systems, and Staff completed by the Quality Review Team in GCBH indicated that being able to retain their counselors, have more counselors to choose from, and to them more often was something that was very important to them.

While GCBH Network Providers strive to increase the level of care our clientele receive, the continual decrease in funding and lack of commensurate increase for rates is increasing staff shortages and decreasing retention. This has affected access to care and our ability to provide the frequency, variety, and quality of services that we strive for.

This is the area that GCBH has chosen to put the resources made available by ESSB 6032 and will have the greatest impact on our services we are able to provide. It is also the one area that will have the greatest impact on the other four areas.

- Transition of state hospital patients into community settings within 14 days
  - HCA Example Metric: # of clients transitioned, % of reduction

In accordance with RCW 71.05.365, each GCBH's Network Provider BHA's has a Liaison that plays a major role in working with Eastern State Hospital staff during the period of transitioning clientele to the appropriate community level of care, once it is determined that the individual no longer needs the inpatient level of care provided at Eastern State Hospital. GCBH's 10 County Network Provider BHA's ensures a wide array of behavioral health services are available to individuals once discharge from the state hospital. These services range in intensity, duration and included but are not limited to: Program for Assertive Community Treatment (PACT), Transitional Services, Intensive Outpatient Programs (IOP), medication management, outpatient services, peer services, and other services matched to meet the needs of the individual. The Liaison for that County's BHA is a key participant in facilitating the engagement of the individual with the needed services.
As part of the GCBH Network Provider BHA System, the existing Peer Program (PEER Bridger's) staff also assist in the transition from the state hospital to the community through the role of peer support, mentor, teacher, and advocate. Peer Bridger's can continue working with individuals up to 120 days post-discharge in the community. The Peer Bridger's help to develop social support and the teaching of independent living and coping skills to assist in the overall adjustment into the community. They are also extremely effective in aiding the person in navigating their way through the community's social services system, behavioral healthcare programs and physical healthcare setting.

- Diversion of individuals with behavioral health issues from the criminal justice system
  - HCA Example Metric: # of clients assisted, # of encounters or client count

Through current State designated funding. Network Provider BHA's in the GCBH Regional Service Area receive both Mental Health Jail Proviso funds and Substance Abuse CJTA Funding that are used to assist individuals within the local Jail systems by providing Behavioral Health services during incarceration while also assisting in transitioning prior to release.
In 2016, GCBH implemented the Prosecutorial Diversion Program 5177 into our Regional Service Area. The program assists individuals involved with the criminal justice system in being diverted or released from jail into treatment with a community-based behavioral health providers. Treatment resources include outpatient mental health and substance use disorder treatment, inpatient mental health and substance use disorder, and co-occurring treatment. This program also assists participants in getting connected with housing and various other community resources to ensure that they are successful during and after the program.

- Efforts to improve recovery-oriented services, including, but not limited to expansion of clubhouse models.
  - HCA Example Metric: % of increase in services, # of clients assisted, # of encounters or client count

- Behavioral health outcomes have elevated the importance of recovery-oriented systems. GCBH has already embraced these principles that include individual choice, self-directed care, and the value of using Peers in the health care delivery system. GCBH requires all Network Provider BHA's to incorporate Peer Counselors into their service delivery and of which through the sub-capitation payment methodology adopted by the GCBH Board of Directors funding for these positions were created. Recovery focused peer support services ae provided across all BHA's for families, youth, and adults.

Great Rivers (July – December 2018)

❖ Reduction in the use of Long Term Beds
- ➢ HCA Example Metric: % of Long Term Bed decrease in use
  - o Only used funds for Priority 3 of the proviso below

❖ Transition of state hospital patients into community settings within 14 days
- ➢ HCA Example Metric: # of clients transitioned, % of reduction
  - o Only used funds for Priority 3 below

❖ Improvement of staff recruitment and retention in community behavioral health facilities
- ➢ HCA Example Metric: % reduction in turnover or decrease in vacancy rates of staff
  - o We collected data from our agencies on annual basis and given the information we received, we show a 28.2% decrease in turnover from 2018 to 2019 YTD.
- ➢ Here are some of the achievements our agencies have experienced:
  - o One of our agencies reported that comparing 2018 to the first half of 2019 they have seen a 7% increase in local recruitment for Cowlitz County locations and a 3% increase for Grays Harbor locations.
  - o The funds have allowed our agencies to host community events to increase the employee engagement in the community in which they live in.
  - o An agency conducted a staff survey regarding engagement
  - o New employee orientation has been renovated/improved to make the orientation more user friendly and applicable to new staff
  - o An agency implemented a lunch for a new staff to have with the CEO and HR after a month of being hire to discuss their progress and concerns which has increased communication across
- ➢ Here are some of the challenges our agencies are facing:
  - o It is hard to recruit and retain staff that do not live locally – and are head hunted to other areas by other agencies.
  - o Recruiting licensed clinicians and the timeline of DOH application to hire.
  - o If a clinical supervisor position is not filled, then it is difficult to recruit and retain the staff positions under that clinical supervisor position.
  - o Staff leaving agencies to accept another position with a different agency. It has been reported from a couple of our agencies that staff losses have been to other behavioral health agencies in the region. At the agency level the % of turnover appear to show a negative impact; however, from a regional standpoint, it could appear like employee retention since they aren't leaving the same field or area.
  - o The lag time it took some agencies to get their plan implemented and started utilizing the funds

- Having these funds available to our agencies allows them to compete on wages, bonuses, and other employee benefits as well as attract great talent and expand upon programs with leveraging their skill sets. **Overall, we believe the review period is too early and benefit from the funds will likely see more of an impact with current staff going forward and the stats should show a positive impact in the future**

❖ Diversion of individuals with behavioral health issues from the criminal justice system
- HCA Example Metric: # of clients assisted, # of encounters or client count

❖ Efforts to improve recovery-oriented services, including, but not limited to expansion of clubhouse models.
- HCA Example Metric: % of increase in services, # of clients assisted, # of encounters or client count

King (July 2018 – 2019)

❖ Reduction in the use of Long Term Beds
- HCA Example Metric: % of Long Term Bed decrease in us
- Despite continued efforts to reduce long Term bed use, there has been little or no decrease in the number of people on the WSH waitlist in King County. The Stepdown program for Geriatric patients discharging from WSH and/or the WSH waitlist has finally been licensed and approved to open in August 2019.We hope that the program will have an impact on long-term bed use.

❖ Improvement of staff recruitment and retention in community behavioral health facilities
- HCA Example Metric: % reduction in turnover or decrease in vacancy rates of staff

King County use the vast majority of the BH enhancement funds to increase outpatient and residential treatment rates by 6%. Our survey of the Provider Network indicates that this rate increase while helpful to defray the cost of care in fact appears to be having little impact on staff recruitment and retention. For example one of our larger provider agencies currently has 60 clinician staff openings, another for the past year has experienced a 40% turnover rate and our largest provider has a 24% turnover rate and currently has 32 clinician positions open. The other report from providers is that open staff positions are taking over 3-5 months of to fill.

❖ Transition of state hospital patients into community settings within 14 days
- HCA Example Metric: # of clients transitioned, % of reduction

Our liaison staff actively participated in the planning work at WSH related to addressing a plan to improve upon this metric. The report from the staff is that the workgroup did not finish its work so strategies have not been implemented by WSH and the liaison functions there.

❖ Diversion of individuals with behavioral health issues from the criminal justice system
HCA Example Metric: # of clients assisted, # of encounters or client count King County has a broad range of Diversion and Re-entry programs funded by state funds and local funds. The programs are designed in alignment with the GAINS Sequential Intercept Model. These diversion part of the programs serve over 700 individuals a year.

- Efforts to improve recovery-oriented services, including, but not limited to expansion of clubhouse models.
  - HCA Example Metric: % of increase in services, # of clients assisted, # of encounters or client count

King County is adding $150,000 to the HERO House Clubhouse. They are expanding their services to an additional site and as a result of the additional funds be able to add 2,542 Work Ordered days (serving roughly 10-15 more people per month) in that program.

North Central (Beacon, July 2018 – June 2019)

July – December 2018

- Reduction in the use of Long Term Beds
  - Not applicable for this program

- Improvement of staff recruitment and retention in community behavioral health facilities
  - Not applicable for this program

- Transition of state hospital patients into community settings within 14 days
  - Not applicable for this program

- Diversion of individuals with behavioral health issues from the criminal justice system
  - December was the first month of operations for the Regional Jail Liaison Program in the North Central WA region, which limits the ability to capture outcome data. Chelan County Regional Justice Center (CCRJC), Grant County Jail, and Chelan County Juvenile Detention Center (CCJDC) services included 19 referrals resulting in 13 screenings for services. Of the 13 screened for services, 1 intake was completed.
    - Chelan County accounted for 13 of the referrals. 2 individuals were Trueblood Class and 5 individuals were released prior to screening. 1 individual was transferred to the Grant County Jail and subsequently moved to the Okanogan County Jail which was not in scope for the initial program. 2 individuals remain in services with Catholic Charities and 1 individual was in outpatient services and has discharged. Only 1 individual had subsequent crisis services involvement.
    - Grant County accounted for the other 6 referrals. 1 individual went to Eastern State Hospital. 1 individual declined further follow up while in jail. The disposition of the other individuals is not known.

- Efforts to improve recovery-oriented services, including, but not limited to expansion of clubhouse models.
  - Not applicable for this program

January-June 2019

- Reduction in the use of Long Term Beds
  - Not applicable for this program

- Improvement of staff recruitment and retention in community behavioral health facilities
  - Not applicable for this program

❖ Transition of state hospital patients into community settings within 14 days
  - ➢ Not applicable for this program

❖ Diversion of individuals with behavioral health issues from the criminal justice system
  - Between December 1 2018 and June 30 2019 the Jail Liaison program funded by 6032 implementation resulted in the following:
  - ➢ 1. **Outcomes –CCRJC** Chelan County Regional Justice Center (CCRJC) and Chelan County Juvenile Detention Center (CCJDC) services included 98 referrals resulting in 88 screenings. Of the 88 screened 88 were referred to other services (e.g. Primary Care Physician, Outpatient mental health, Substance Use Disorder Programs, MH Diversion including Trueblood, CC Housing, Work Source, and Children's Home Society).

    - o Of the 88 screenings, 14 individuals (16%) were eligible for and completed intakes into the Jail Services Program which included behavioral health counseling support, nursing/medication support consultation, motivational interviewing, and brief trauma informed supportive therapy, extensive case management. Of these 14 individuals, staff confirmed that all 14 actually connected to the referred services, closing the loop on the referral process.

    - o Of the 88 individuals only 5 (6%) were released and re-offended. 3 (3%) individuals were released to prison. None of these individuals were committed involuntarily to a higher level of mental healthcare and none were identified to having been sent to ESH for competency restoration. Thus, the 6032 funding question related to diversion of individuals is addressed through its apparent impact on recidivism.

    - o Recidivism is one of the most fundamental concepts in criminal justice. It refers to a person's relapse into criminal behavior, often after the person receives sanctions or undergoes intervention for a previous crime. Recidivism is measured by criminal acts that resulted in re-arrest, reconviction or return to prison with or without a new sentence. Recidivism rates vary according to the length of time following release from incarceration. A report by the Office of Justice Programs, National Institute of Justice addressing recidivism rates indicates that of the population of released individuals, 54% were re-arrested during the first year following release[i]. While 6 months is a short period not generally tracked in the recidivism literature, the CC reported rate of re-offending of 6% and 3% returning to prison compares favorably to 6 month estimates of those that can be found. For example, 6 month re-arrest rates tracked in UK Northern Ireland in 2005 were 9%, while those tracked in the US between 2005-2010 were noted as 13%[ii]. Thus, the 6 month recidivism rate of the CC Jail Services Program appears both promising and not wildly out of proportion to other 6 month recidivism statistics where they are measured and reported. Viewed relative to US programs the CC Program appears at first blush to demonstrate success.

    - A significant **single case outcome** representative of CC Jail Services included:

    - o 22 y.o. Caucasian female seen at CCRJC. Diagnosis PTSD incarcerated for identify theft, forgery, auto theft. She had a history of assessed strengths in high school. She was provided brief trauma-informed therapy focusing on her history and how this related to family dynamics and current drug use patterns. Motivational interviewing and goal-oriented, positive reframing assisted her in gaining insight to the extent that she

connected to Catholic Charities SUD program as well as Outpatient Counseling. After three months of service she had not been rearrested and had re-enrolled in the local college. She routinely attends SUD and OP counseling.

- 2. **Barriers – Screening / Intake Ratio -** For an individual to qualify for and matriculate through the full range of Jail Services, the following must occur: a) referral is received, b) initial screening completed including interviews of ancillary staff and/or record review, c) client presents with an DSM 5 Axis I diagnosis and d) is willing and able to participate voluntarily in services. The goals of release plan at this phase include reintegration to the community and skill development targeting criminogenic needs that drive re-offending. Upon release clients may be followed in the community although the goal is to connect them immediately at release.

    - Barriers preventing the full range of services (e.g. screening to intake) include a) referrals that are incomplete or do not meet program eligibility criteria, b) clients declining voluntary services, c) inadequate jail space and staff to complete the interview / intake process and/or inability to arrange services within the schedule of the CCRJC.

    - To address these barriers the CC Jail Services and Diversion programs have funded the development of additional interview space at the CCRJC, investing in a newly installed interview area which secures inmates for which Jail Services and Diversion staff do not need to compete with other CCRJC users such as DOC and attorneys. In return CC staff will receive an office space and training in and access to the Spillman Database.
    - CC Jail Services staff will routinely staff the appropriateness of referrals with the CCRJC Mental Health Professional and other referents to improve the match between referral and program eligibility. The rapid expansion of community and jail-based diversion and treatment services in the Wenatchee area, while a positive development, does require close coordination for clients to be properly referred to the program for which they are most eligible.

- 3. **Outcomes – GCJ** Grant County Jail services included 85 referrals resulting in 62 screenings. Of the 62 screened 62 were referred to other services (e.g. staff coordinate services with Grant County Integrated Homeless team, Peers that pick up and transport clients to community resources the client might need upon release. PARC drug and alcohol Center Grant County integrated services, inmates PCP, and Crisis Services through Grant County Integrated Services when needed).

    - Of the 62 screenings 12 individuals (19%) were eligible for and completed intakes into the Jail Services Program which included behavioral health counseling support, nursing/medication support consultation, motivational interviewing, and brief trauma informed supportive therapy, extensive case management. Of all referrals, staff confirmed 17 (all 12 Intakes and 5 other referrals) actually connected to the referred services, closing the loop on the referral process.

    - Of the 62 individuals only 2 (3%) were released and re-offended. 3 (5%) individuals were released to prison. None of these individuals were committed involuntarily to a higher level of mental healthcare and none were identified to having been sent to ESH for competency restoration. Thus, the 6032 funding question related to diversion of individuals is addressed through its apparent impact on recidivism.

- The centrality of recidivism as a diversion statistic was discussed above. The combined rate of 8% is virtually identical to the 9% noted at CCRJC, with the same implications regarding comparison to national and international recidivism statistics.

- Grant County Jail Staff expressed gratitude and welcome the services offered. For Grant County CC. Grant County Jail offers multiple meeting areas to meet with the clients so that MHP Karen and case manager Steve can meet with clients at the same time. Staff at Grant County Jail often go out of their way to ensure we have whatever we need to be successful.

➢ 4 **Barriers – GCJ** In general there are fewer service delivery barriers at Grant County Jail. However, barriers staff experience in both jail systems includes incomplete or less than detailed referrals on clients. Referrals may be lost or improperly routed, or in some cases not even completed. On one occasion (following Parsido Festival) GCJ was over-booked and short on space for providers. Thus, on only one occasion the team was asked not to provide services that day.

- Additionally, Program MHP Karen Lynch is both a direct service provider and program manager, tasks which require her to attend meetings away from the point of delivery. To reduce this burden a part time administrative assistant was added to the program but based on contracting / availability this position ended in June. CC is currently exploring options to replace this person through contracting.

- A significant **single case outcome** representative of CC Jail Services included:

- 28 Yo Hispanic male diagnosed with PTSD. It was this client's first time in Jail. He was arrested for Criminal Trespass, Possession of Narcotics. He also attempted to hang himself, an event which resulted in a crisis DCR call. Client had been incarcerated for 2 months. After working with client through his addiction and recent crisis episode he began to start believing in himself and looked forward to his weekly sessions. He began engaging in sessions and even started sharing what he had learned with other inmates. On follow up the client has been sober for 5 months and has held a steady job for 4 months.

➢ 5. **Incidental**
- Martin Hall has not yet engaged in services.

- Okanogan has not yet engaged in services although initial discussions are under way. The goals and objectives related to services in the Okanogan reflect the same vision for integrated regional services as those already implemented in Chelan and Grant Counties. Individuals from Douglas County often find themselves in the Okanogan County jail, and individuals from all four counties frequently move between these four jurisdictions. A regional jail services infrastructure allows continuity of care, particularly for high volume contacts and those with crimes in multiple jurisdictions.

❖ <u>Efforts to improve recovery-oriented services, including, but not limited to expansion of clubhouse models.</u>
➢ Not applicable for this program

Pierce (Beacon, January-June 2019)

- Reduction in the use of Long Term Beds
  - Not applicable for this program.

- Improvement of staff recruitment and retention in community behavioral health facilities
  - Not applicable for this program.

- Transition of state hospital patients into community settings within 14 days
  - Not applicable for this program

- Diversion of individuals with behavioral health issues from the criminal justice system
  - Starting in January 2019, the FAST program ran by CCS and the only contracted youth provider with Beacon is serving a number of uninsured youth. Beacon has been meeting with CCS on a monthly basis in order to develop communication pathways and partnerships with the intent of diverting youth with behavioral health issues away from the criminal justice system. CCS is working to develop a consistent service delivery model for referrals, access to services, responding quickly to issues that arise for these youth with behavioral health needs.
    - CCS provides iintensive support services for families with children at risk of the criminal justice system and out of home placement in a psychiatric inpatient facility.
    - This program is also used as an intervention to reduce emergency department visitation utilizing in home behavioral health care service delivery with the potential to significantly impact accessibility and traditionally underserved populations. The intended outcomes are diversion, increased safety, stabilization, and ensuring children have a permanent family resource.
- Efforts to improve recovery-oriented services, including, but not limited to expansion of clubhouse models.
  - The Pierce County Health Department provides medication assisted treatment (MAT) services to the local community, Beacon supports the uninsured population seeking services with this provider.

  - Recovery support services will include working with treatment provider access to all FDA-approved medications for opioid use disorder such as methadone, buprenorphine and naltrexone. They will support substance use disorder peers to provide homeless outreach and engagement services as well as providing supportive housing and supported employment services to individuals with opioid disorders.

  - These practices will allow the health department to reduce deaths from overdoses, provide technical assistance and education and be part of the distribution through behavioral health agencies for naloxone.

Salish (July – December 2018)

- Reduction in the use of Long Term Beds
  - HCA Example Metric: % of Long-Term Bed decrease in use

Salish BHO has had no additions to the Western State Hospital waitlist since December 2018. The Evaluation and Treatment Center within the Salish BHO has contracted 4 long-term beds with HCA. Salish BHO average bed census for Period 7/1/17-12/31/17 was 31. The average for the same period in 2018 was 25.
The largest challenge in managing beds is the number of forensic flips occurring in the state hospital. In the covered period, 70% of admits were forensic flips and 30% were readmits.

- Improvement of staff recruitment and retention in community behavioral health facilities
  - HCA Example Metric: % reduction in turnover or decrease in vacancy rates of staff

Funds have been used to increase salaries, provide benefits, train staff, and provide supplies to enhance the working environment.
Compared to the same period in the previous year, the retention rate for PBH has increased by 14%, staff turnover rates have decreased by 13%, and the agency also increased from 82 employees to 130 employees. Peninsula Behavioral Health increased overall pay scale by 8% and added 7 positions directly related to enhancement funds. Kitsap mental health increased the pay scale by an average of 5% and hired 14 additional staff. West End Outreach Services increased staff salaries by an average of 10%.
It is important to consider external reasons for attrition in remote communities. Certain communities have challenges hiring and maintaining staff due to the remote nature of their catchment. Many of our agencies are recruiting from out of state.

- Transition of state hospital patients into community settings within 14 days
  - HCA Example Metric: # of clients transitioned, % of reduction

The most significant challenge in transitioning individuals out of the state hospital in 14 days is the need for additional care. The individuals currently being discharged are more complicated due to forensic issues, requirement for personal care, and placement issues (lack of suitable housing options).

- Diversion of individuals with behavioral health issues from the criminal justice system
  - HCA Example Metric: # of clients assisted, # of encounters or client count

For the period 7/1/18-12/31/18 165 individuals engaged in crisis services were incarcerated. This is down 1% from the previous year. 11 individuals having contact with residential treatment were incarcerated. This is a 9% decrease from the same period the previous year.

- Efforts to improve recovery-oriented services, including, but not limited to expansion of clubhouse models.
  - HCA Example Metric: % of increase in services, # of clients assisted, # of encounters or client count

Peninsula behavioral health added 4 new Peer staff to the WISe program and Community support services. Peer services increased by 110 individuals compared to the previous year.

Discovery Behavioral Health enhanced their day support program. Access to day support services increased by 10 individuals across the region compared to the previous year. In 2018 182 individuals accessed day treatment. This is a 6% increase from the previous year.

Southwest (Beacon, July 2018 – June 2019)

July-December 2018

- Reduction in the use of Long Term Beds
  - The Sea Mar CSNW Adult Mobile Crisis Intervention (AMCI) program is a 7 day/week program that provides services from 8AM-10PM. Referrals are received from the crisis hotline with the goal of a mobile outreach to the community within 90 minutes of referral. Staff include master's level crisis workers and certified peer support specialists. One of the main goals of AMCI is to provide urgent mobile crisis services to community settings with the intention of diverting from the need for higher levels of care and emergency departments whenever possible. During July – December 2018, AMCI has provided approximately 469 mobile crisis outreaches to adults within Clark County, with 379 responded to in person, primarily in community settings. AMCI was able to successfully divert 93% of those individuals from needing a higher level of care including involuntary and voluntary hospitalizations. Furthermore, the AMCI team has tracked that an overage of less than 5% of the indivdiuals seen during this time period returned to the crisis system for care.

- Improvement of staff recruitment and retention in community behavioral health facilities
  - Not applicable for this program.

- Transition of state hospital patients into community settings within 14 days
  - Not applicable for this program

- Diversion of individuals with behavioral health issues from the criminal justice system
  - Starting in June 2018, the AMCI team has participated monthly in a joint meeting with local law enforcement and emergency responders in Clark County in order to develop communication pathways and partnerships with the intent of diverting individuals with behavioral health issues from the criminal justice system. AMCI has helped to develop a rapid referral process such that dispatch can quickly turn calls to the crisis line for dispatch of AMCI to return call to the law enforcement officer initiating the request and dispatch to the field to meet with law enforcement to engage individuals with beahvioral health needs and offer an alternatives. AMCI has also worked with local jail re-entry staff to develop the ability for jail staff to contact at time of release of an individual from custody so that AMCI can respond to assist the individual immediately upon release with the intention of connecting the individual with behaivoral health treatment options, any resources to assist their re-entry with the goal of diverrting them from a return to the criminal justice system. While AMCI is contracted to respond within 90 minutes of referral, the program has been able to increase these response times in order to be more readily available whenever possible with the knowledge that law enforecement and emergency responders may have the ability to wait for a longer response time. The average response time for AMCI to respond in an outreach is 26 minutes with the intention of a more rapid response when law enforcement personnel are involved in order to provide assistance in diversion from the criminal justice system as able.

- Efforts to improve recovery-oriented services, including, but not limited to expansion of clubhouse models.
  - AMCI is a co-response model for mobile crisis that responds to individuals in the setting that is most comfortable to them such as home and community center rather than

necessitating that an individual goes to an emergency room or facility in order to receive support. It incorporates a framework of enlisting two staff on each outreach (a master's level mental health provider and a Peer Support) in order to elevate recovery principles by having a Peer Support present on each outreach as a programmatic goal. Initial mobile crisis outreaches involving Peer Support has averaged 98% of the outreaches during the time period of July through December 2018 and many of the follow up services are with the Peer Supports who can assist individuals in their recovery buy sharing stories of hope, resources, and advocacy.

- The AMCI program is based on the ten values described by SAMHSA that are considered inherent in crisis response and which closely work to improve recovery-oriented services. Staff have received training and on the following values as well as are encouraged to continue to strive towards providing services in the following manner as a way to increase recovery-oriented services for individuals in crisis.

January-June 2019

- <u>Reduction in the use of long term beds</u>
  - Sea Mar CSNW operates a Program of Assertive Community Treatment team (WA-PACT) which serves individuals with serious mental illness in Clark County. This program is designed to assist individuals with a history of challenges in accessing traditional outpatient services and who may have a high risk of re-hospitalization or arrest. This program provides intensive outreach service that are evidence-based and recovery oriented. Services are provided by a multidisciplinary team of behavioral health professionals including psychiatric prescribers, nurses, master's level therapists, substance use disorder specialists, employment specialists, and case managers. Additionally, a Peer Support Specialist is available to provide Recovery-based services. Most services are provided in the community with a goal of 85% or more being provided in a setting comfortable to the individual outside of the office. A primary programmatic goal for PACT is to reduce the need for state hospitals. In January-June 2019, Sea Mar CSNW PACT had 0 individuals re-admitted to Western State Hospital. The team continued to enroll interested individuals served by PACT into the EDIE system so that the team would receive alerts when someone went to the local hospital emergency departments. As a result, ~60% of these individuals are now enrolled in this system and the team can engage same day once that notification is received in order to assist with avoiding unnecessary hospitalization and/or assist in discharge planning.

- <u>Improvement of staff recruitment and retention in community behavioral health facilities</u>
  - Not applicable for the AMCI program
  - The PACT team (see description under Reduction in the use of Long Term Beds) The team added 4 treatment groups focused at increasing quality of life and has worked to engage several individuals into these services including healthy living skills, social skills, coping skills, and illness management and recovery skills.

- <u>Transition of state hospital patients into community settings within 14 days</u>
  - Not applicable for the AMCI program

- The PACT team (see description under Reduction in the use of Long Term Beds) engages with the Peer Bridger program to collaborate on transitioning individuals in state hospitals into community based settings.

❖ Diversion of individuals with behavioral health issues from the criminal justice system

- Starting in June 2018, the AMCI team has participated monthly in a joint meeting with local law enforcement and emergency responders in Clark County in order to develop communication pathways and partnerships with the intent of diverting individuals with behavioral health issues from the criminal justice system. AMCI has helped to develop a rapid referral process such that dispatch can quickly turn calls to the crisis line for dispatch of AMCI to return call to the law enforcement officer initiating the request and dispatch to the field to meet with law enforcement to engage individuals with beahvioral health needs and offer an alternatives. AMCI has also worked with local jail re-entry staff to develop the ability for jail staff to contact at time of release of an individual from custody so that AMCI can respond to assist the individual immediately upon release with the intention of connecting the individual with behaivoral health treatment options, any resources to assist their re-entry with the goal of diverrting them from a return to the criminal justice system. While AMCI is contracted to respond within 90 minutes of referral, the program has been able to increase these response times in order to be more readily available whenever possible with the knowledge that law enforecement and emergency responders may have the ability to wait for a longer response time. The average response time for AMCI to respond in an outreach is 26 minutes with the intention of a more rapid response when law enforcement personnel are involved in order to provide assistance in diversion from the criminal justice system as able.
- The PACT team (see description under Reduction in the use of Long Term Beds) actively attends mental health court and assists individuals with completing their legal requirements if they are in the specialty court system and the 2 individuals enrolled in mental health court are meeting court requirements. No PACT enrolled individuals were incarcerated for any serious felony offenses resulting in prison sentences during this reporting period.

❖ Efforts to improve recovery-oriented services, including, but not limited to expansion of clubhouse models.

- AMCI is a co-response model for mobile crisis that responds to individuals in the setting that is most comfortable to them such as home and community center rather than necessitating that an individual goes to an emergency room or facility in order to receive support. It incorporates a framework of enlisting two staff on each outreach (a master's level mental health provider and a Peer Support) in order to elevate recovery principles by having a Peer Support present on each outreach as a programmatic goal. Initial mobile crisis outreaches involving Peer Support has averaged 98% of the outreaches during the time period of July through December 2018 and many of the follow up services are with the Peer Supports who can assist individuals in their recovery buy sharing stories of hope, resources, and advocacy.
- The AMCI program is based on the ten values described by SAMHSA that are considered inherent in crisis response and which closely work to improve recovery-oriented services. Staff have received training and on the following values as well as are encouraged to continue to strive towards providing services in the following manner as a way to increase recovery-oriented services for individuals in crisis.

- The PACT team includes a Peer Support Specialist focused on providing recovery-based services, providing at least 85% of the services in a community setting.

Thurston-Mason (July-December 2018)

- Reduction in the use of Long Term Beds
  - HCA Example Metric: % of Long-Term Bed decrease in use

TMBHO provides a variety of programs that are intended to reduce the use of long-term commitment beds in state hospitals:

The Peer Bridger Program provides Western State Hospital (WSH) residents with a Certified Peer Specialist for intensive personal support services in preparing for discharge and during the initial period of community adjustment. For this reporting period, 23 of 24 individuals served were diverted from long-term bed use. (96% decrease in use)

The Housing Assistance & Recovery through Peers (HARPS) program also uses Certified Peer Specialists to assist individuals transitioning from institutional settings into permanent supportive housing, provide the basis for supportive housing services, and provide integration into community-based substance use disorder (SUD) and mental health treatment programs. The HARPS program further allows for rental assistance to help individuals with initial and ongoing housing costs. For this reporting period, 53 of 90 individuals served were placed in housing and diverted from long-term beds. (58% decrease in use)

The Program for Assertive Community Treatment (PACT) program is an evidence-based, recovery-oriented model provided through a team approach using a combination of Certified Peer Specialists, Mental Health Therapists, and prescriber services. Up to 85% of PACT services occur within a community setting to provide effective and intensive outreach services for individuals transitioning from an institutional setting. For this reporting period, 41 people were served and kept from potential long-term bed use.

Co-Occurring Disorder Intensive Case Management (COD-ICM) services are provided for the most acute population in Thurston County, including those discharging from WSH, and primarily focuses on connecting individuals to needed behavioral health treatment and housing support services. The COD-ICM program also allows for rental assistance, primarily in Oxford House settings, to help with the transition from institutional placement. For this reporting period, **75** individuals were served and diverted from long-term and residential placement.

- Improvement of staff recruitment and retention in community behavioral health facilities
  - HCA Example Metric: % reduction in turnover or decrease in vacancy rates of staff

Please see attached spending plans for this reporting period.

- Transition of state hospital patients into community settings within 14 days
  - HCA Example Metric: # of clients transitioned, % of reduction

TMBHO works with community network providers to comply with RCW 71.05.365 and facilitate placement into necessary transitional and outpatient services:

- TMBHO employs a WSH Liaison, whose primary focus is coordinating residents' discharge from an institutional setting. The WSH Liaison maintains a caseload and works with the Peer Bridger Program to re-engage individuals into the community. For this reporting period **23 of 24** individuals were successfully discharged from WSH. Only one returned to WSH.
- TMBHO holds a master-lease with the Gemini House and provides rental assistance and intensive case management for individuals discharging from WSH who need additional support in a less restrictive setting. This house provides stable living arrangements for up to 4 people at a time. For this reporting period all **4** beds were occupied by the same individuals, successfully diverting from 18 month stays at WSH.
- The Transitional Diversion Program (TDP) is a 10-bed residential treatment facility contracted specifically to house individuals discharging from WSH, and provides a structured environment with behavioral health programming and supports. The TDP coordinates with the WSH Liaison and Peer Bridger Program to maintain a coordinated continuum of care. For this reporting period, **37** individuals were transitioned from long-term placement into this program.

❖ <u>Diversion of individuals with behavioral health issues from the criminal justice system</u>
  - HCA Example Metric: # of clients assisted, # of encounters or client count

TMBHO uses a combination of Non-Medicaid State, local sales tax, and grant funding to focus on programming for individuals with mental health or substance use disorders who are involved in the criminal justice system:

- The Trueblood Program is a grant funded initiative that focuses on individuals who are charged with a crime; have been ordered by a court to receive a competency evaluation or restoration services through DSHS; and who have waited in jail for those services. This program provides screening and assessment by a Mental Health Professional (MHP), connection to behavioral health and primary care, linkage to community resources, and rental/shelter assistance. For this reporting period, **176** individuals were served by this program.
- Thurston and Mason County Drug Court treatment services are provided for individuals with a substance use problem that, if not treated, would result in a substance use disorder, against whom a prosecuting attorney has filed charges. This is a highly-structured, accountability-based 12-18-month program which allows those enrolled the opportunity to avoid jail time and, upon successful completion, felony charges are dismissed without prejudice. For this reporting period, **101** individuals were served.
- Mobile Outreach/Intensive Case Management (ICM) teams are deployed in both Mason and Thurston Counties and provide crisis outreach and stabilization services to assist individuals experiencing a behavioral health crisis as a result of suspected mental health, substance use, or co-occurring behavioral health disorders. These teams also monitor court-ordered Least Restrictive Alternatives (LRAs) for individuals discharged from community/state hospitals or jails. For this reporting period, **57** individuals were served.

❖ <u>Efforts to improve recovery-oriented services, including, but not limited to expansion of clubhouse models.</u>
  - HCA Example Metric: % of increase in services, # of clients assisted, # of encounters or client count

First and foremost, TMBHO is committed to providing recovery-oriented services, which have been proven more effective than the traditional medical model approach regarding the chronic mental health and substance use disordered population. As such, TMBHO offers the following services, using a combination of Medicaid, non-Medicaid, and local sales tax funding:

o Co-Occurring school based treatment services are provided in 13 different schools throughout the Thurston-Mason region with the focus of creating a Recovery Oriented System of Care (ROSC). ROSC programming means a coordinated network of community-based services and supports that are person-centered and build on the strengths and resilience of individuals. This approach also involves families and communities to support the individual with (or at risk of) a substance use disorder to achieve abstinence and improved health, wellness, and quality of life. For this reporting period, **308** adolescents and youth were served.

o TMBHO contracts with Capital Recovery Center (CRC), a peer-run licensed behavioral health agency, to provide Mental Health Peer Support services to Medicaid Enrollees and services to non-Medicaid individuals using the evidence-based peer approach. The CRC previously operated as a clubhouse, but elected to move toward a Medicaid reimbursable model. Clients enrolled with CRC receive recovery-oriented groups, treatment planning, and other support services delivered by Certified Peer Counselors. For this reporting period, **121** individuals received peer support services.

o Adult day treatment programming is offered specifically in Mason County for adults with disabilities striving to live as independently as possible in their own homes, with family members, or with caregivers. This recovery-oriented service is designed to enhance the physical, mental, cognitive, and social well-being of individuals with chronic mental health issues and progressive diseases that limit daily functioning. The primary goal for each client that receives day treatment is to support continued behavioral health stabilization, provide socialization and peer support, and promote integration into the community of the client's choice. For this reporting period, **340** individuals received day treatment services.

Core outpatient behavioral health programming among the 14 provider agencies in the Thurston-Mason region is offered using the following recovery-oriented principles:

- Family and Youth Voice and Choice: Family and youth voice, choice and preferences are intentionally elicited and prioritized during all phases of the process, including planning, delivery, transition, and evaluation of services;
- Family-focused and Youth-centered: Services and interventions are family focused and child-centered (when appropriate) from the first contact with or about the family or child;
- Team-based: Services and supports are planned and delivered through a multiagency, collaborative teaming approach. Team members are chosen by the family and connected to them through natural, community, and formal support and service relationships. The team works together to develop and implement a plan to address unmet needs and work toward the family's vision;
- Natural supports: The team actively seeks out and encourages the full participation of team members drawn from family members' networks of interpersonal and community relationships (e.g. friends, neighbors, community, and faith-based organizations). The recovery plan reflects activities and interventions that draw on sources of natural support to promote recovery and resiliency;

▪ Collaboration: The system responds effectively to the behavioral health needs of multi-system involved youth and their caregivers, including children in the child welfare, juvenile justice, developmental disabilities, substance use disorder, primary care, and education systems;
▪ Culturally relevant: Services are culturally relevant and provided with respect for the values, preferences, beliefs, culture, and identity of the youth and family and their community;
▪ Individualized: Services, strategies, and supports are individualized and tailored to the unique strengths and needs of each youth and family. They are altered when necessary to meet changing needs and goals, or in response to poor outcomes;
▪ Outcome-based: based on the family's needs and vision, the team develops goals and strategies, ties them to observable indicators of success, monitors progress in terms of these indicators, and revises the plan accordingly. Services and supports are persistent and flexible so as to overcome setbacks and achieve their intended goals and outcomes. For this reporting period, **9,522** individuals were provided with recovery-focused core-outpatient behavioral health services.

Spokane (January – June 2019)

❖ Reduction in the use of Long Term Beds
  ➢ Not Applicable

❖ Transition of state hospital patients into community settings within 14 days
  ➢ Not Applicable

❖ Improvement of staff recruitment and retention in community behavioral health facilities

- The SCRBH (ASO) conducted this survey for both Medicaid and Non-Medicaid enhancement funds in this area as agreed upon in our original plan submitted to DBHR in May 2018. The SCRBH (ASO) committed to do this in December 2018 and again in June 2019 to assist the MCOs since we started the initial pre-survey for state fiscal year 2019 enhancement funds.

  Twenty-nine behavioral health agencies participated in the Employee Engagement Surveys conducted by the Spokane County Regional Behavioral Health Organization (SCRBHO) in 2018 and the Spokane County Regional Behavioral Health (SCRBH) Administrative Services Organization in 2019. All together there were 866 employees who participated in the baseline survey in July and 833 in the follow-up survey in December. In 2019, just over 900 employees participated. The SCRBHO/SCRBH distributed surveys to each staff member through email and hand delivered copies to individuals without email access. Approximately 60% of participants were clinical staff, while the other 40% included administrative, fiscal, information systems, leadership, and other supportive positions. There were 194 new hires and 157 positions vacated between the first and second survey. During the first 6 month of 2019, agencies reported that 224 new staff members were hired and 171 positions vacated.

Survey results are cited below for each survey question:

How long have you worked for your current employer?

	7/2018	12/2018	6/2019
Less than one year	20.3%	19.1%	17.4%
1 to 3 years	29.0%	31.1%	30.5%
3 to 6 years	24%	24.3%	24.8%
6 to 10 years	9.9%	9%	11.12%
Longer than 10 years	16.6%	16.6%	16.1%

I feel supported in meeting my goals at work.

	7/2018	12/2018	6/2019
Agree	67.6%	72.4%	73.4%
Disagree	11.8%	14.9%	12.2%

I feel my opinions and expertise are considered, and my input is appreciated by my agency.

	7/2018	12/2018	6/2019
Agree	65 %	65 %	64.5%
Disagree	18.8%	18.2%	16.3%

I am satisfied with the job coaching and supervision I receive.

	7/2018	12/2018	6/2019
Agree	65 %	65 %	67.5%
Disagree	17.6%	16.8%	15.8%

I am satisfied with the training and education that my agency makes available.

	7/2018	12/2018	6/2019
Agree	64.1%	68.4%	69.8%
Disagree	19.3%	14 %	13.3%

I am satisfied with the additional support my agency provides (such as license stipend, tuition reimbursement, or self-care incentives, et. cetera …).

	7/2018	12/2018	6/2019
Agree	43.3%	56.9%	59.2%
Disagree	31.1%	20 %	19.4%

I am satisfied with my overall compensation and believe it is fairly relative to my local market.

	7/2018	12/2018	6/2019
Agree	48 %	56.6%	52.5%
Disagree	31.7%	25.8%	28.59%

Have you looked for another job in the same field during the last 3 months?

	7/2018	12/2018	6/2019
Yes	29.8%	28.6%	30.6%
Considered it	25 %	24.4%	23.5%
Not at all	45.2%	47 %	45.9%

- Diversion of individuals with behavioral health issues from the criminal justice system
  - Staff turnover for Recovery Coach Position. New Peer hired for the position started July 1, 2019.
  - Fourteen new participants were approved for the Prosecutorial Diversion Program during January 1, 2019 to June 30, 2019, and the program was actively engaged with 146 participants during this period. Participants were deferred from RCW 10.77 Competency Evaluations and assisted in getting set up with medically necessary inpatient and/or outpatient behavioral health treatment services. They receive intensive care coordination to

ensure they stay engaged in treatment and are connected with necessary resources. They are eligible for stipends that assist in overcoming barriers, such as bus passes, cell phone minutes, identification, shelter, etc. which enables them to stay engaged in treatment and meet any legal meetings required.

- ❖ Efforts to improve recovery-oriented services, including, but not limited to expansion of clubhouse models.
  - ➢ NAMI – Two (2) one-day Family to Family course; One (1) one-day Peer to Peer course; and Thirty (30) one-day Connection Support Groups, offered five (5) times monthly.

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[i] Source Alper, Mariel, Durose, Matthew R., Markman, Joshua, *2018 Update on Prisoner Recidivism: A 9-Year Follow-up Period (2005-2014)* (pdf, 31 pages), Bureau of Justice Statistics Special Report, May 2018, NCJ 250975. In Office of Justice, National Institute of Justice report on Recidivism in County Jails.

[ii] Source PLoS One. 2015; 10(6): e0130390. Published online 2015 Jun 18. doi: 10.1371/journal.pone.0130390 PMCID: PMC4472929 PMID: 26086423 **A Systematic Review of Criminal Recidivism Rates Worldwide: Current Difficulties and Recommendations for Best Practice**

* This appendix includes all metrics reports submitted to and received by HCA. Please note that for some regions, not all entities submitted completed metrics reports.