

# AGING AND LONG TERM SUPPORT ADMINISTRATION



## State Hospital Discharge

## 2015-17 BIENNIAL BUDGET

ML Request	FY15	FY16	FY17	15-17
FTE	4.0	4.0	4.0	4.0
GF-State	\$602,000	\$2,874,000	\$3,235,000	\$6,109,000
<b>Total</b>	<b>\$1,181,000</b>	<b>\$5,636,000</b>	<b>\$6,344,000</b>	<b>\$11,980,000</b>

### DECISION PACKAGE SUMMARY

The Aging and Long Term Support Administration (AL TSA) requests funding for a long-term solution to serve people with both personal care and complicated cognitive or behavioral support needs who no longer respond to active treatment in a psychiatric setting. Funding would allow AL TSA to help sixty people move from institutional care at Western State Hospital (WSH), and divert more than thirty potential admissions/year.

### PROBLEM STATEMENT

More than sixty people with personal care and complicated cognitive or behavioral support needs currently reside at WSH. Due to their cognitive conditions, active inpatient psychiatric treatment will not meet their needs even though they have a mental health diagnosis. For example, this could include adults of various ages with dementia or traumatic brain injury, as well as bipolar disorder. The federal Centers for Medicaid and Medicare Services (CMS) does not allow federal match for people not receiving active treatment. Services could be provided in less restrictive community settings, improving liberty and quality of life. DSHS proposes to relocate these residents to better serve their needs and earn more federal match.

Further, there are on average three similar people per month statewide who with proper supports can be diverted from inpatient psychiatric care. However, there is currently no local, dedicated expert in long-term care and mental health to make referrals and arrange placements and a lack of appropriate community settings to serve them, so these individuals often end up being unnecessarily committed to the state hospitals. DSHS projects that 131 individuals (total relocations and diversions) will need a long-term care placement in the 2015-17 biennium, in order to provide a lasting alternative to caring for these individuals at the state hospitals. However, individual history and behaviors makes finding community options difficult. Enhanced levels of service beyond what AL TSA currently funds are necessary in most cases. AL TSA currently uses Expanded Community Services (ECS), which pays an enhanced rate and provides behavior support and training to residential providers. However, ECS does not provide the level of service needed by most of the 131 people on an ongoing basis, so other service models are needed.



#### DSHS VISION

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

#### DSHS MISSION

To transform lives

#### DSHS VALUES

Honesty and Integrity • Pursuit of Excellence • Open Communication • Diversity and Inclusion • Commitment to Service

# AGING AND LONG TERM SUPPORT ADMINISTRATION

State Hospital Diversion

2015-17 BIENNIAL BUDGET

Transforming  
Lives

## PROPOSED SOLUTION

With the support of the Legislature, AL TSA has been developing new service models for individuals with especially complicated behaviors, and is ready to offer them pending final approval from CMS. The 2013 Legislature funded a new service, the Enhanced Services Facility (ESF) to support the most difficult to serve individuals who are not benefitting from active treatment in the state psychiatric hospitals. Adult Family Home (AFH) Specialty Care was also funded, which allows enhanced rates to be paid to AFHs for clients transitioning from psychiatric hospitals to support higher staffing levels and professional support. Key to the success of these programs is that the RSNs collaborate with HCS in developing strong care planning and support for transitions, including providing mental health treatment when needed and 24/7 response to client and provider at times of behavior escalation.

For both diversions and relocations, AL TSA will first use the current ECS program whenever possible, but the service needs of most are expected to be greater. The majority of people will be served by AFH Specialty Care. The ESFs will handle the remainder of the WSH relocations, accepting their first residents in February 2015 and meeting their full capacity (42 beds) by mid-FY16. When necessary, exceptional rates for nursing homes will also be used.

Diversion is critical to ensure that this is not a one-time approach. To do referral and planning for diversions, AL TSA needs 3.0 new FTE social workers, located in each region of the state and 1.0 FTE program manager at headquarters. Without diversions, there would be new admissions to the state hospitals that would eventually require more wards.

Funding for all of the ESF beds is already contained in the AL TSA budget, as well as some funding for AFH Specialty Care. This brings down the total amount of the funding request, particularly for FY15 while the services phase in.

## EXPECTED RESULTS

This decision package directly impacts these goals and objectives:

- DSHS Goal 4: Quality of Life – Each individual in need will be supported to attain the highest quality of life.
- DSHS Goal 5: Public Trust – Strong management practices will be used to ensure quality and efficiency.
- AL TSA Strategic Objective 4.1: Ensure seniors and individuals with a disability who are in need of long-term services and supports are supported in their community.
- AL TSA Results Washington goal 3.2: Increase the percentage of supported seniors and individuals with a disability served in home and community-based settings.
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## STAKEHOLDER IMPACT

The transition of such residents out of the state hospitals will be supported by mental health advocates, the Traumatic Brain Injury Council, Disability Rights Washington and the Senior Lobby. This policy is also in line with CMS directives to not rely on hospitals for people who are not in active treatment and who can be served in the community.



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