

# Mental Health and Chemical Dependency Work Session

Integration and Litigation Issues



Senate Ways and Means Staff Presentation

February 18, 2015

# Service Integration

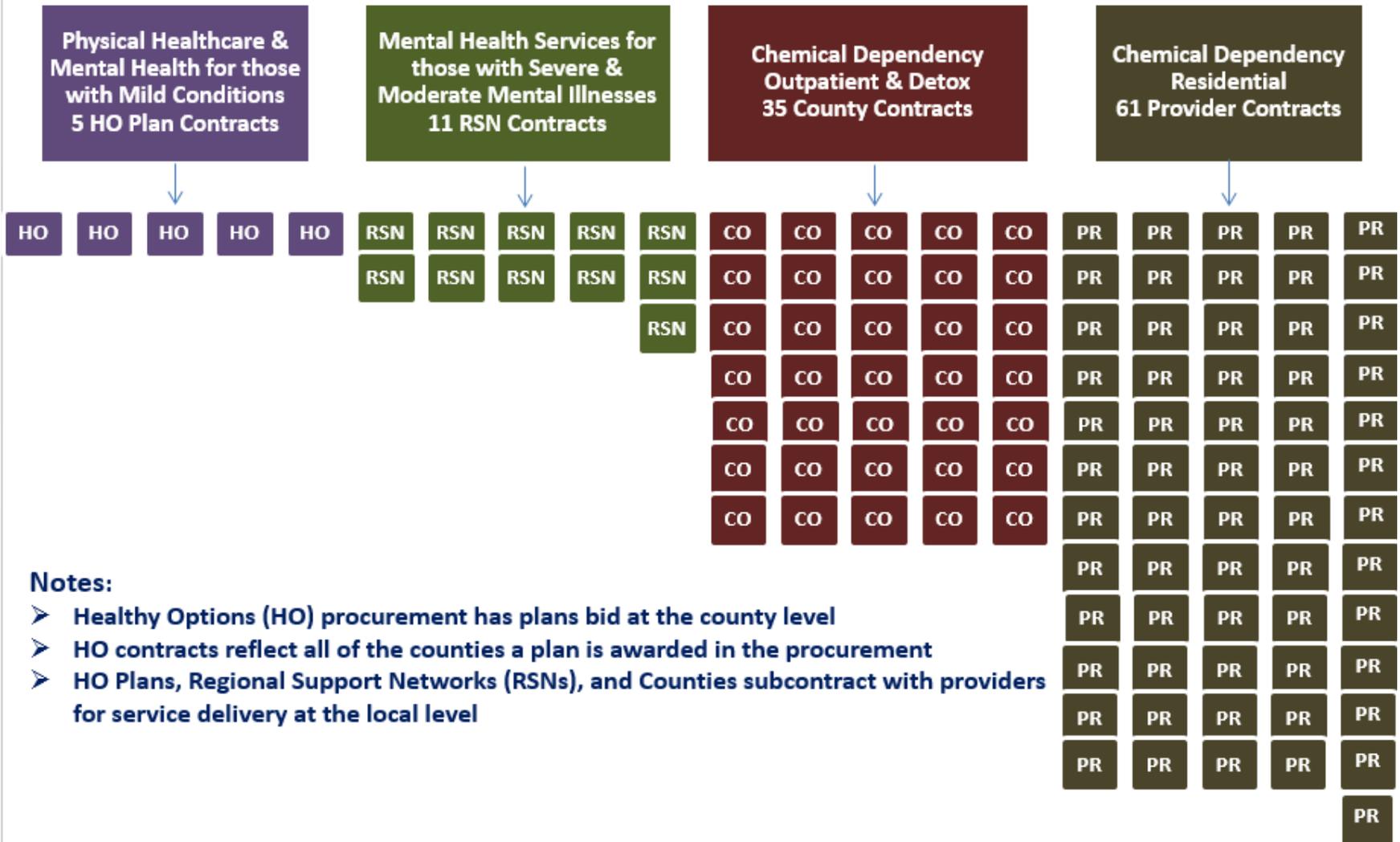
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# Integrated Service Models

- Beginning April 2016, All Regional Service Areas will have Managed Care Organizations called Behavioral Health Organizations (BHO) that provide both:
  - Chemical Dependency Services
  - Mental Health Services
- Early Adopter Regions. Certain regions may opt to integrate physical health with mental health and chemical dependency services. These services will be managed by Private Managed Care Plans.

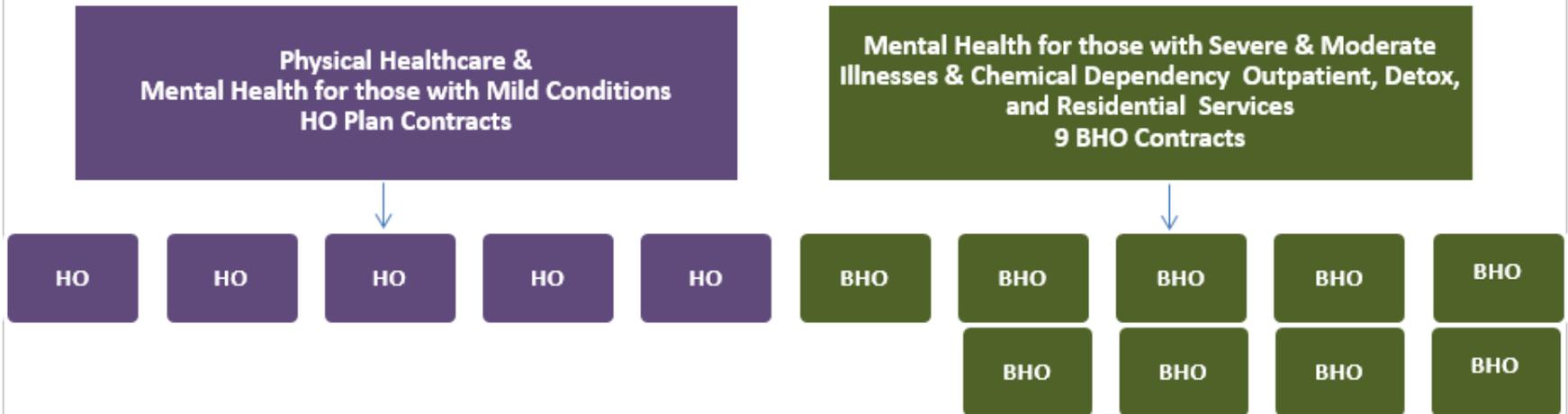
# What changes are taking place in 2016 as a result of SB 6312?

## Current System



# What changes are taking place in 2016 as a result of SB 6312?

## Potential New System



### Notes:

- New purchasing structure implemented in April 2016 through January 2020
- Healthy Options (HO) will be revised so plans would have to bid at a regional level
- HO contracts would reflect all of the regions a plan is awarded in the procurement
- Behavioral Health Organizations (BHOs) and HO Plans would have same regional service areas
- HO Plans and BHOs would subcontract with providers for service delivery at the local level
- All services purchased through health plans by January 2020
- Potential for some regions to become early adopters for full integration in April 2016

# Funding Associated with two Integration Bills:

(Dollars in Millions)

- **SHB 2572 – Transforming the Health Care Delivery system\***

The Governor’s Budget consists of GF-S savings for the 2015-17 Biennium, from up to three counties becoming Early Adopters :

	2016	2017	Biennial Change
Health Care Authority	\$ (13.9)	\$ (30.3)	\$ (44.2)

- **2SSB 6312 – Purchasing of Mental Health and Chemical Dependency Treatment Services\***

The Governor’s Budget consists of GF-S costs related to moving chemical dependency treatment services into a managed care system:

	2016	2017	Biennial Change
DSHS	\$ 4.2	\$ 17.0	\$ 21.2

\*Health Care numbers do not include PEBB savings.

DSHS funding does not match Governor’s budget due to identified math error which reduces the 2016 by \$12M

# Key Questions for Consideration

- Are the physical health care savings achievable?
- How many early adopters does the Health Care Authority believe will participate?
- Why is integration, at least initially, costing money in DSHS?
- Is integration on schedule to change service delivery models for April 1, 2016?

# Civil Commitments

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*In re D.W. v. DSHS*

# Single Bed Certification – Governor’s Plan

Location	2015	2016	2017
<b>Private Beds</b>			
Fairfax (Kirkland)	12	?	?
Cascade (Burien)	18	?	?
Fairfax (Kirkland)	21	?	?
Cascade (Burien)	20	?	?
Fairfax (Everett)	30	?	?
Fairfax (Monroe)	13	?	?
<b>Total Private Beds</b>	<b>114</b>	<b>88</b>	<b>24</b>

<b>Community Beds</b>			
MDC Pierce County E&T (10/3/2014)	16	16	16
Contracted E&T on Western State (Optum) (12/1/2014)	15	15	15
North Sound E&T (4/1/2015)	0	16	16
Civil Admissions Ward @ Western State (5/1/2015)	0	30	30
King County E&T (Valley City) (2/28/2016)	0	0	24
King County E&T (Telecare) (2/28/2016)	0	0	16
Kitsap E&T (2/28/2016)	0	0	16
Spokane County E&T (2/28/2016)	0	0	16
<b>Total Community Beds</b>	<b>31</b>	<b>77</b>	<b>149</b>

<b>Total Beds Available</b>	<b>145</b>	<b>165</b>	<b>173</b>
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# Single Bed Certification Funding

## *Governor's Proposed Budget*

	FY 2016		FY 2017		Total
	NGF-S	Federal	NGF-S	Federal	
Community Beds	\$20,300	\$10,509	\$13,761	\$7,409	\$ 51,979
30 Beds WSH	\$3,789		\$3,789		\$7,578
Program Staffing	<u>\$504</u>	<u>\$172</u>	<u>\$504</u>	<u>\$172</u>	<u>\$1,352</u>
	\$24,593	\$10,681	\$18,054	\$7,581	<b>\$60,909</b>
				<b>Total NGF-S</b>	<b>\$42,647</b>

\*\$13.9 million provided in the 2015 Early Supplemental Budget for these items.

\*\* Governor's Original Budget Provided \$45 million total funding (\$32.9 NGF-S). January update added \$10.4 million NGF-S and \$5.6 million Federal.

# Forensic Commitments

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*A.B. v. DSHS*

# Forensic Commitment Funding

## *Governor's Proposed Budget*

	FY 2016		FY 2017		
	NGF-S		NGF-S		Total
Competency Restoration Wards	\$	3,950	\$	4,878	\$ 8,828
Competency Eval Staff	\$	423	\$	405	\$ 828
				<b>Total</b>	<b>\$ 9,656</b>

\*\$1.2 million provided in the 2015 Early Supplemental Budget for forensic items.

# Key Questions for Consideration

- How much funding should be provided in the supplemental and in the biennium for civil and forensic services?
- How should funding be allocated between diversion and community services and inpatient treatment?
- How many beds are needed at Western and Eastern State Hospitals for civil commitments and forensic services?
- Should competency evaluations and restorations be done in the community as well as at the state hospitals?