

Washington State Department of Social and Health Services

# Transforming Lives

## REPORT TO THE LEGISLATURE

### **Final Report on Transitions from Western State Hospital into Aging and Long-Term Support Administration Settings**

ESSB 6656 Section 11

August 1, 2017

Aging and Long-Term Support Administration  
PO Box 45600  
Olympia, WA 98504-5600



## Executive Summary

The mission of the Aging and Long-Term Support Administration (AL TSA) is to transform lives by promoting choice, independence and safety through innovative services.

This final report is submitted in response to the following requirement outlined in ESSB 6656, Section 11 (2) and (3) that reads as follows:

The Department of Social and Health Services must identify discharge and diversion opportunities for patients needing long-term care to reduce the demand for thirty beds currently being used for this population. A twenty-bed reduction must be realized by July 1, 2016, with a utilization reduction of ten additional beds by January 1, 2017. The resources being used to serve these beds must be reinvested within the state hospital budget in order to achieve patient and staff safety improvement goals. The Department of Social and Health Services must provide a progress report to the governor and relevant committees of the legislature by December 1, 2016 and a final report by August 1, 2017, describing the outcomes for these patients through July 31, 2017.

AL TSA works with Behavioral Health Organizations (BHO), Western State Hospital (WSH) and community providers when the state hospital identifies that an individual who is ready for discharge may have an unmet need for assistance with personal care services. AL TSA offers a variety of settings in which to receive personal care services and tailors these services to each individual's needs, goals and preferences. Individuals served in AL TSA settings receive mental health services through the state's Managed Care Organizations (MCO) and Behavioral Health Organizations.

For the period of April 1, 2016 through July 31, 2017, AL TSA assisted in the transition of **177** people. Of those, **156** were assessed as needing services funded through AL TSA and discharged with those services in place. The other **21** individuals were discharged from the hospital after a referral to AL TSA, but did not move into services provided by AL TSA, as their needs are being met by family or through other fund sources.

Of the **156** people discharged with AL TSA services, **140** or **89.7%** have a diagnosis of a severe and persistent mental illness. In a review of admissions into WSH in the years 2015 and 2016, only 7% and 4% respectively had any history of services with AL TSA prior to the state hospital admission.

## Final Report on Transitions from Western State Hospital into Aging and Long-Term Support Administration Settings

### Status of ALTSA Progress on Transitions between April 1, 2016 and July 31, 2017:

For the period of April 1, 2016 through July 31, 2017, ALTSA assisted in the relocation of **177** people. Of those, **156** were assessed as needing services funded through ALTSA and discharged with those services in place. The other **21** individuals were discharged from the hospital after a referral to ALTSA, but did not move into services provided by ALTSA, as their needs are being met by family or through other fund sources.

Under its Medicaid programs, ALTSA provides skilled nursing facility services and community alternatives to skilled nursing facilities. Alternatives to skilled nursing facilities are an individual's own home, or a licensed residential setting which includes adult family homes, assisted living facilities and enhanced services facilities. These settings all provide assistance with personal care services which includes activities of daily living such as bathing, dressing, mobility and medication assistance as well as instrumental activities of daily living such as meal preparation, housekeeping and essential shopping.

The chart, below, details the transitions from Western State Hospital between April 1- July 31, 2017 in which individuals relocated and were determined eligible for personal care assistance under ALTSA's Medicaid-funded programs:

	Great Rivers BHO	Greater Columbia BHO	King County BHO	North Central BHO	North Sound BHO	Pierce County BHO	Salish BHO	SW WA RSA	Thurston BHO	
AFH	0	0	8	0	0	4	0	4	0	16
AFH-ECS	3	0	11	0	20	5	3	9	10	61
AFH-BHO	0	0	17	0	0	1	0	0	0	18
AFH-SBS	0	0	4	0	2	7	1	1	2	17
ALF-ECS	2	0	0	0	0	0	0	4	1	7
ESF	0	1	0	0	0	3	0	6	2	12
In-home	2	1	4	1	2	0	1	2	1	13
SNF	0	0	0	0	0	3	0	0	0	3
ECS Plus	0	0	0	0	0	2	0	0	0	2
Supportive Housing	1	0	0	0	0	0	0	3	2	6
<b>totals</b>	<b>8</b>	<b>1</b>	<b>44</b>	<b>1</b>	<b>24</b>	<b>25</b>	<b>5</b>	<b>29</b>	<b>18</b>	<b>156</b>

## **Key to Chart:**

**Adult Family Home:** Adult Family Homes (AFHs) are residential homes licensed to care for two to six residents. The homes are private businesses and provide the residents with a room, meals, laundry, supervision and personal care. The services provided to residents depend on the needs of each individual resident and the skill level of the provider. Some homes are able to provide nursing services or other special care and services. The cost of care varies depending on the level of care the resident requires.

**Adult Family Home-ECS:** Adult Family Homes with Expanded Community Services (ECS) provide AFH services as described above and also includes behavior support services from an outside contractor to work with the client and AFH caregivers to provide training and consultation on behavior triggers and de-escalation techniques. This service also provides a rate enhancement to the provider for additional training, service planning and coordination activities with the provider of the behavioral support services.

**Adult Family Home-BHO:** Adult Family Homes where an exception to rate (ETR) is supported by the BHO.

**Adult Family Home-SBS:** Adult Family Homes with Specialized Behavior Support (SBS) provide AFH services, described above, and also includes behavior support services from an outside contractor to work with the client and AFH caregivers to provide training and consultation on behavior triggers and de-escalation techniques. The SBS contract provides an add-on rate to the AFH that funds additional staffing of 6-8 hours a day of caregiver staff to supplement the current staffing ratio in the AFH.

**Assisted Living Facility-ECS:** An assisted living facility (ALF) is a privately operated community setting licensed by DSHS to care for seven or more residents. ALFs provide housing, personal care services, some intermittent nursing services, and assume general responsibility for the safety and well-being of the resident. An ALF with an ECS includes behavior support services from an outside contractor to work with the client and ALF caregivers to provide training and consultation on behavior triggers and de-escalation techniques. The ALF-ECS contractor receives a rate enhancement for additional training, service planning and coordination activities with the provider of the behavioral support services.

**Enhanced Services Facility (ESF):** This new type of licensed residential facility is privately operated and uses high staffing ratios and behavioral and environmental interventions to serve individuals who are no longer receiving active treatment at a state psychiatric hospital. These facilities offer behavioral support, personal care services with high staffing ratios and nursing, a combination that is not generally provided in other licensed long-term care settings. While behavior support is provided within the facility, the client continues to receive behavioral health services through the BHO. A facility may be licensed to serve up to 16 residents.

**In-home:** Personal care services are provided by a paid caregiver in a person's own home.

**Nursing Facility:** A skilled nursing facility (SNF), or nursing home, provides 24-hour supervised nursing care, personal care, therapy nutrition management, organized activities, social services, room, board, and laundry.

**Behavioral Health Organization (BHO) and SW Washington Regional Service Area (RSA):** These organizations replaced former Regional Support Networks in April of 2016. BHOs and the SW WA RSA contract with the Department of Social and Health Services to purchase and administer mental health and substance use disorder treatment through Managed Care Organizations for people with Medicaid coverage.

**Demographics of those who moved onto ALTSA services between April 1, 2016 and July 31, 2017:**

Of the **156** people discharged with ALTSA services, at least **140** or **89.7%** have a diagnosis of a severe and persistent mental illness.

The youngest person to move during reporting period was 19 years old at the time of discharge; the oldest was 82 years old. The median age of those who have moved continues to be 55 years old.

**Outcomes of those who have moved between April 1, 2016 and July 31, 2017:**

As of Sept. 2017, the vast majority of the **156** individuals supported by ALTSA remain stable in their original placement, with the following exceptions:

- Four individuals have died since their transfer from the hospital into the community. Three of those were people who had moved out with an explicit end-of-life diagnosis. The other individual, who had Alzheimer's related dementia, was admitted to an acute care hospital shortly after a move to an AFH; the individual returned to the AFH with a referral to hospice and died soon after.
- Four individuals returned to Western State Hospital after months of instability in the community. Each of these four have long histories of protracted hospitalization, both at state hospitals and in local psychiatric or medical hospitals.
- Four others had been detained in local psychiatric hospitals but returned to community placements during this reporting period.
- One person was jailed soon after release from Western State Hospital.
- One individual who had moved into the Enhanced Services Facility and experienced nine months of stability in that setting experienced an episode of behavioral challenge and was moved to a medical hospital. From that hospital, the individual transitioned to another setting with supports that emulate ESFs and is expected to be the first client served in an ESF that will be licensed shortly in the Spokane area.
- Two people changed the type of setting but remain on ALTSA services.

- Nine people moved off of ALTSA services, as dictated by client choice.

**Diversion Activities:**

An additional **34** people have been assessed by ALTSA while in local evaluation and treatment facilities or local psychiatric beds and have relocated from those beds onto ALTSA-funded services.

**Enhanced Services Facility Update:**

- In September 2016, the first ESF serving clients from WSH was licensed. Through July 31, 2017 **12** people have moved into the ESF from Western State Hospital. As indicated above, one individual who had moved into the ESF experienced nine months of stability in that setting. The individual experienced a decline in psychiatric stability and was moved on a voluntary basis to a psychiatric ward of a medical hospital. ALTSA, the Managed Care Organization in charge of assisting with the individual's behavioral and medical care, the provider, the community hospital and other community partners met on a weekly basis to staff the situation; and another long-term care residential setting that the individual approved was ultimately found.
- The other individuals who moved from WSH into the ESF in Vancouver remain in that facility.