

REPORT TO THE LEGISLATURE

State-Operated Behavioral Health Group Training Home

2019-2021 Operating Budget
House Bill 1109 Sec 203(j) (Law of 2019)

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Background

Adults access hospitals to treat a variety of medical and behavioral health needs. When adults with developmental disabilities remain in a hospital setting without a medical or behavioral health need, a gap in services becomes apparent. Many of these individuals are Developmental Disabilities Administration (DDA) clients receiving residential services that went to the hospital for a medical condition that was later resolved, or who entered the hospital when their provider could no longer provide support due to challenging behaviors. Some of these individuals remain in the hospital for extended periods while DDA collaborates to find a service provider in the community.

DDA is developing a State Operated Behavioral Health Group Health Training Home that will provide intensive transition crisis supports to bridge the gap when individuals remain hospitalized without a medical or behavioral health need.

Engrossed Substitute House Bill 1109

The 2019 legislature tasked DDA to research and assess options to claim federal Medicaid funds for state-operated behavioral health group training homes and report its findings to the governor and appropriate legislative committees by December 1, 2019. This facility type is intended to support clients who require a short-term crisis stabilization following a hospital stay.

DDA identified three benchmark activities necessary to the proposed Group Training Home:

1. Develop a model to support clients with acute challenging behaviors.
2. Develop partnerships with essential stakeholders.¹
3. Develop position descriptions for the staffing model, which includes professionals needed to offer stabilization supports.

Research Assessment

DDA identified five states that operate programs for adults transitioning out of hospitals: Connecticut, Ohio, Minnesota, Virginia, and Wisconsin. Program models were identified through research, data from the National Association of State Directors of Developmental Disabilities Services, and key informant interviews with program staff from Connecticut and Ohio.

DDA learned that other states face similar challenges with adults with developmental disabilities who remain in a hospital setting without a medical need. Many states have chosen to focus on behavior when establishing their step-down programs. The success of these models provides the framework to insert language into DDA's Home and Community Based Services Waivers to create a short-term transition crisis stabilization service model.

The DDA administers five Home and Community Based Services waivers and will request amendments to each waiver to include services such as short-term crisis stabilization supports.

¹ Health Care Authority, Department of Commerce, Behavioral Health Administration, Developmental Disabilities Ombuds, Community Providers and Community Hospitals

Approval by the Centers for Medicare and Medicaid Services will allow federal matching funds to be claimed for waiver-enrolled clients.

DDA findings emphasize the need for a common framework to bolster statewide efforts. Based on the funding, DDA will:

- Develop a six-bed facility to provide transition crisis stabilization services for individuals transitioning out of a hospital setting.
 - DDA has established a timeline of recruiting, hiring and training staff on or before 1/1/2021.
 - Direct Care staffing model will follow the modeling provided in the decision package.
 - Staffing will include professionals to assist clients and staff with stabilization efforts.
- DDA anticipates the facility to be located in Pierce County, or south King County, WA
 - Collaboration with essential stakeholders has begun.
- Transition crisis stabilization services policy will be developed by January 2021.

Summary

State-Operated Behavioral Health Group Training Homes will provide 24-hour support, which may include one-on-one support. Services are based on individual need and the shared household support. Services are offered in an integrated setting, support personal power and choice, and full access to the community. Individuals may pay monthly participation based on their income. DSHS will certify and monitor this facility for compliance with state and federal requirements.