

Implementation of E2SSB 5763

Treatment of Mental and Substance Abuse Disorders

Presentation to the
Joint Legislative and Executive Task Force
on Mental Health Services and Financing

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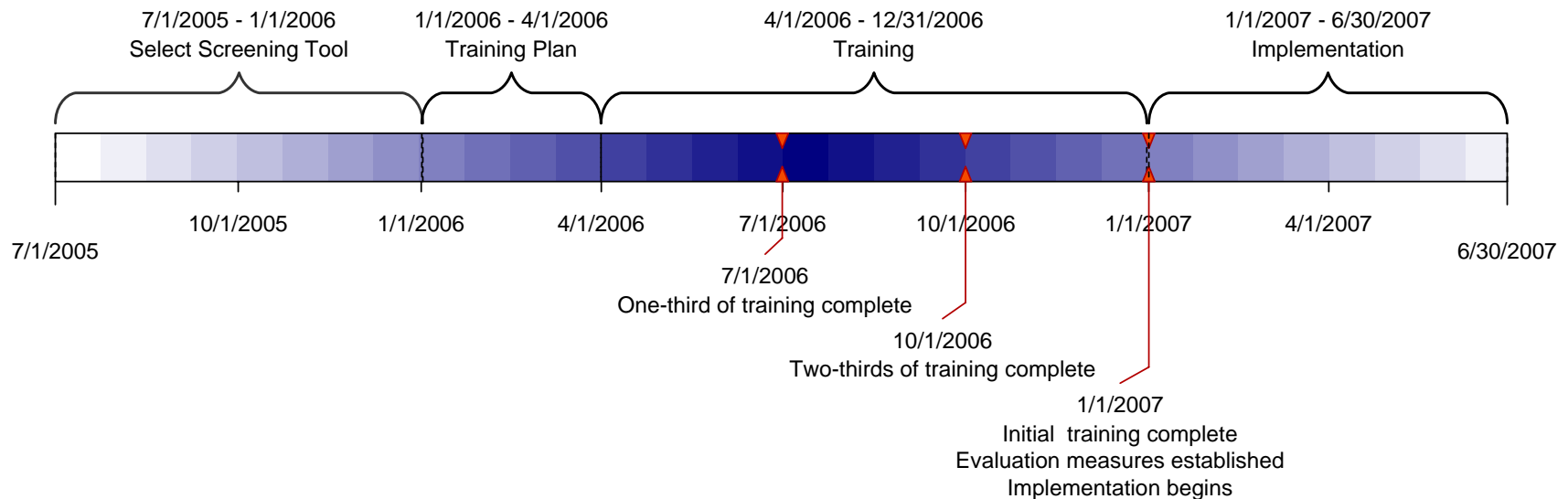
Contents

- Integrated Screening/Assessment
- Intensive Case Management
- Integrated Crisis Response
- Secure Detox
- Treatment Expansion

Integrated Screening/Assessment

- Requires the development of a screening/assessment process for CD and Mental Disorders
- Funds appropriated for development of screening tools/assessment process and to provide training (\$800,000 for the biennium)
- System-wide screening tool
- Identification of triggers
- Replaces existing tools and process – Not *duplication*
- Proposed tool: Global Assessment of Individual Needs – Short Screener
 - Information on tool available at:
http://www.chestnut.org/LI/gain/GAIN_SS/index.html
- Stakeholder discussion – October 11, 2005 meeting
- Staff Training

Integrated Screening/Assessment Timeline



- January 1, 2006: Identify screening/assessment tool
- Throughout CY 2006: Provide training on screening
- January 1, 2007: Implement integrated comprehensive screening
- July 1, 2007: Contractual penalties for non-compliance implemented

Intensive Case Management

- \$488,00 GFS for biennium
- Two Sites –
Urban/Rural
- Funds four CDP positions
- Utilizes integrated screening and assessment process

Reduces the use of:

- Crisis medical, chemical dependency and mental health services
- Emergency room admissions
- Hospitalizations
- Inpatient psychiatric admissions
- Involuntary treatment petitions
- Ambulance services
- Criminal justice interventions

Integrated Crisis Response Pilots

- Care provided in the most appropriate setting
- Adequate resources for initial CD detentions and short term commitments
- Consistency in CD/MH statutory requirements
- Effective and efficient use of crisis resources

Integrated Crisis Response Pilots

Selection of Pilots:

- RFQ to RSNs and Counties in May 2005
- Pilot sites selected August 2005
 - North Sound RSN (Snohomish, Skagit, Whatcom, Island & San Juan Counties)
 - Pierce RSN (Pierce County)
- Secure detox sites
 - Pierce County Human Services Building
 - Pioneer Center North

Integrated Crisis Responders

- Integrated ITA Law (Chapter 70.96B)
- Designated Crisis Responders
- Detentions and commitment because of a mental disorder continue to occur in E&Ts
- New authority in pilot sites for detention and 14 day commitment of individuals because of a chemical dependency in secure detox facilities

Secure Detox Facility

- New locked 16 bed facility
- DOH license, DASA certification
- Acute detoxification capability
- Operational by March 1, 2006
- Used for initial detention and 14 day CD commitment

Priority Population

Individuals detained to secure detox :

- Are gravely disabled or presenting the likelihood of serious harm as the result of a chemical dependency or co-occurring diagnosis
- Are experiencing withdrawal symptoms from acute or chronic intoxication by alcohol and/or other psychoactive chemicals
- Have behaviors that cannot be managed in other chemical dependency settings

Treatment Expansion

Additional Treatment Avoids Other Costs

Chemical Dependency Treatment Cost Comparison Average Per Person Per Month

If Untreated \$1,371

Monthly Medicaid Cost
For Persons Who Do
Not Enter Treatment

Costs Include:

- Medical
- Mental Health (State Psychiatric, Community Psychiatric, Outpatient Mental Health)
- Nursing Home

NET SAVINGS

\$252

If Treated \$1,119

AOD Treatment Cost
\$162 *Includes Detoxification*

Monthly Medicaid Cost
For Those Who Receive
Alcohol Or Drug Treatment
\$957

\$252* per client per month net cost offsets.

35% reduction in average monthly emergency room costs for alcohol/drug treated group versus non-treated persons.

29% decline in cost of emergency room visit for treated versus non-treated persons.

20-30% decline in "wandering" (visiting multiple emergency room) for treated versus non-treated persons.

42-64% reduction in subsequent emergency room visits for persons with primary mental illness who received (42%) or completed (64%) alcohol/drug treatment versus those that needed but didn't receive such care.

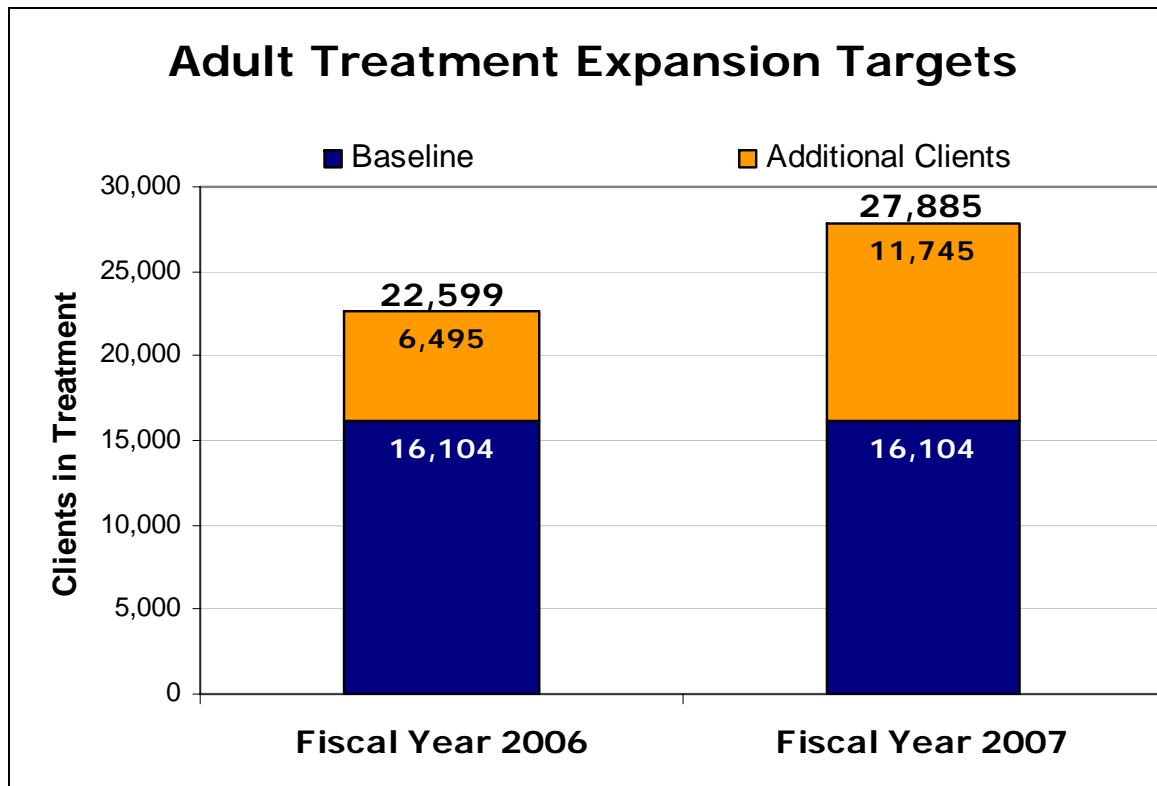
*After alcohol/drug treatment deducted.

An Investment in Healthcare Cost Containment and Community Safety

Measure: Increase treatment services for SSI-related aged, blind, disabled, and other Medicaid-eligible adults.

FY 2006: Increase penetration rate to 40% serving an additional 6,495 adults.

FY 2007: Increase penetration rate to 60% serving an additional 11,745 adults.



Analysis:

Number of additional clients based on projected cost offsets in E2SSB 5763 .

Challenges:

- Increased demand on county resources
- Limited resources to increase treatment capacity
- Counselor shortage
- Difficulty in siting opiate substitution and residential facilities

Action Plan:

- Track monthly progress by county and provider for timely monitoring.
- Use monitoring tools to determine providers with a need for technical assistance.
- Provide technical assistance to improve performance for those providers requiring it.
- Inform referring agencies of increased treatment capacity.

Data notes: Expansion targets set in E2SSB 5763 and based on data provided by DSHS-RDA. Baseline determined by calculating the number of clients served in Fiscal Year 2005 that met treatment expansion criteria for cost containment.

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FY 06 Client Calculation

	FY05 Baseline	FY06 Client Expansion Target	FY06 Total Clients to Serve
YOUTH TOTAL	6,213	1,051	7,264

FY 07 Client Calculation

	FY05 Baseline	FY07 Client Expansion Target	FY07 Total Clients to Serve
	6,213	1,051	7,264

ADULT TOTAL	16,104	6,495	22, 599
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	16,104	11,745	27,885
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Adult total is based on the sum of the following:

Sub-groups:			
Blind, Disabled, GA-X, SSI	6,827	4,386	11,213
Aged	128	67	195
GAU	1,931	361	2,292
Other Medicaid	7,218	1,681	8,899

	6,827	6,747	13,574
	128	132	260
	1,931	1,129	3,060
	7,218	3,737	10,955

Data notes: Expansion targets set in E2SSB 5763 and based on data provided by DSHS-RDA. Baseline determined by calculating the number of clients served in Fiscal Year 2005 that met treatment expansion criteria for cost containment.