

Interim Health Services Committee April 25, 2018

Department of Human Services Updates

Human Service Centers

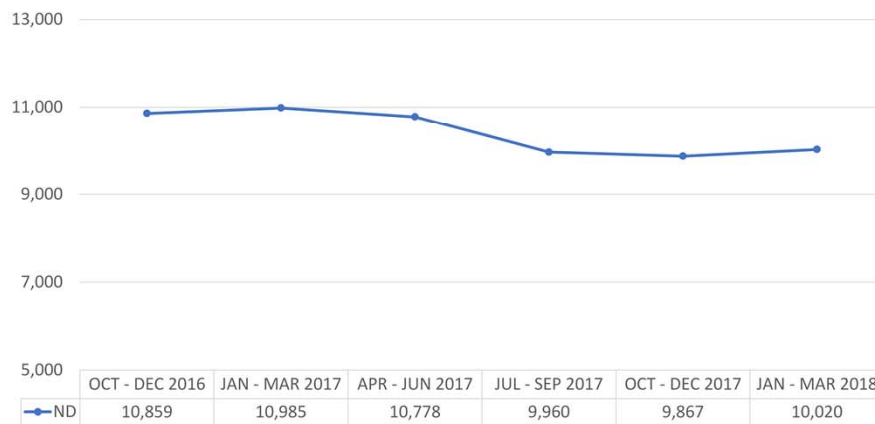
Tom Eide

Director of Field Services/Interim CFO DHS

Rosalie Etherington

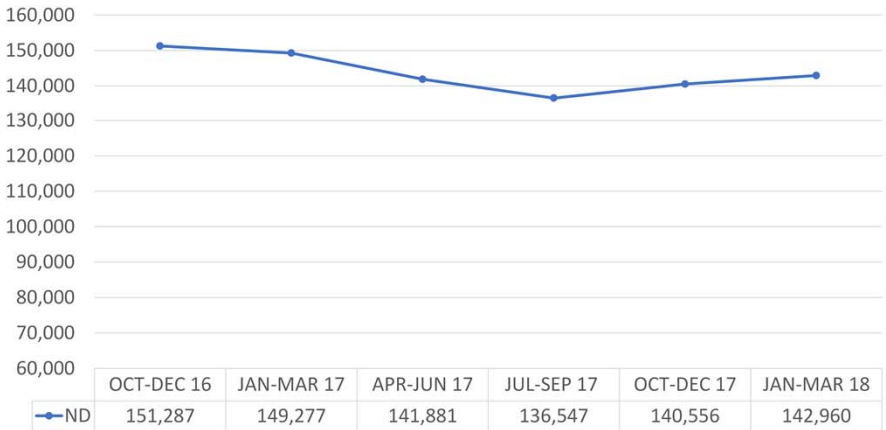
Superintendent of the State Hospital/Chief Clinics Officer DHS

Unduplicated HSC Client Count by Quarter

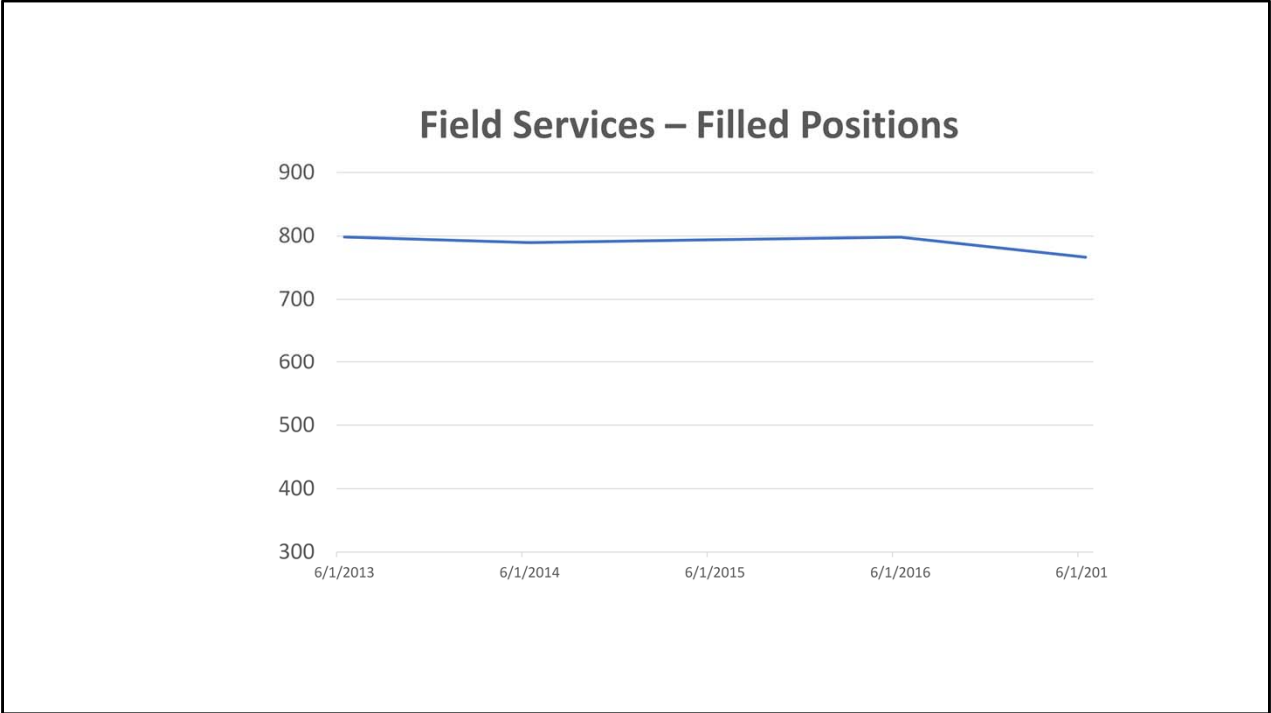


We had a decline as we worked to transition more clients to private providers when appropriate and taking the more “serious” cases at the service centers. This is not a reflection on open access but rather a decision to treat a more significant level of need in each region. This also does not include individuals who were assessed and referred to private providers or assessed without a recommendation for treatment.

Count of HSC Services Statewide by Quarter



This is a measurement of the number of human service billed visits. We did see a drop in service counts. This is the result of discontinuing some service codes as we reassessed some billing and tracking processes. As we implement various processes internally, we're beginning to see those total service counts increase.



We have seen a decline as well in total FTEs at our centers over the years. Please note that this includes other positions located at HSCs such as Vocational Rehab, DD program managers and others.

OPEN ACCESS BEHAVIORAL HEALTH WALK-IN

EMERGENT ACUTE HIGH SEVERITY	URGENT ACUTE MODERATE	ROUTINE ROUTINE AVERAGE
EMERGENT IMMEDIATE	URGENT WITHIN A DAY	ROUTINE WITHIN A WEEK

TREATMENT WORKS.

RECOVERY IS POSSIBLE.

People need to receive services when in need because when they must wait, they are more likely not to come back and are more likely to experience crises.

Open Access Review

- Open Access Initiated September 2015
- Focus on group-based services versus individual-based services initiated September 2016
- Open Access Statewide June 2017
- Integrated Assessment Statewide January 2018

Key dates

Open Access Impact

Average Number Assessed Monthly	1186 Individuals
Average Individuals Retained for Services	4 out of 5
Average Time From Entry to Assessment	1 hour
Average From Assessment to First Treatment Session	9 days

*Urgent needs are immediately met

The nine day period is dependent on types of service and emergent need, and is only based on the last six months of data with all eight HSCs functioning in some open access capacity. It also isn't factoring the immediate orientation for services and only counting the billing of individual or group psychotherapy.

Days vary dependent on type of service needed.

Emergency and Crisis Service Updates

Planning Phase of Emergency Services Transformation

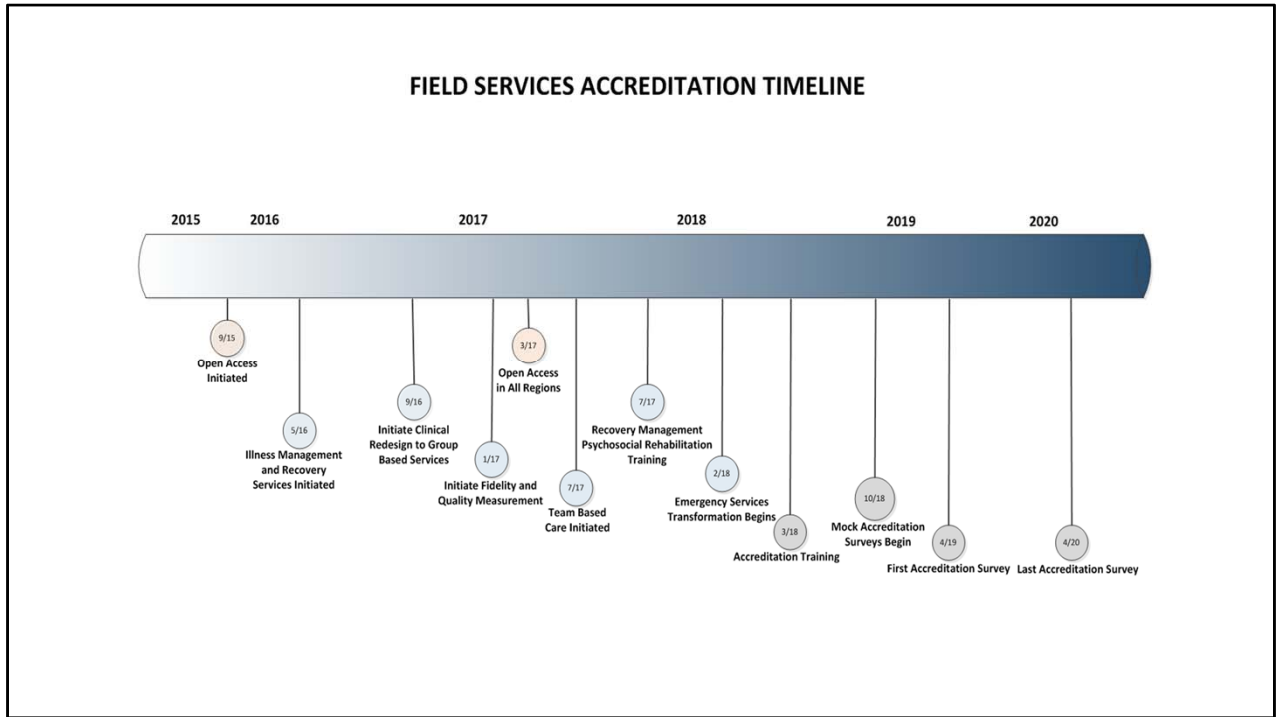
- Standardizing 24-hour crisis line services
- Standardizing 24-hour in-person emergency services
- Expanding mobile crisis services to the West Central region
- Standardizing crisis residential unit services
- Expanding Open Access hours to accommodate daytime emergencies

Accreditation Timeline

Commission on Accreditation of Rehabilitation Facilities (CARF)

March 2018	Regional Directors and Clinical Directors trained
October 2018	Mock Accreditation Surveys Begin
October 2019	Mock Accreditation Surveys Complete
April 2019	First CARF Accreditation Survey
April 2020	Last CARF Accreditation Survey

Accreditation was legislatively required in the 2017 session. The benefits for accreditation will be in more consistent processes across our state, quality metrics more formally implemented and the ability to benchmark with other similar systems in the U.S. It will also allow us to keep pace with the newest research and identified best practices.



This timeline highlights significant milestones as we work towards accreditation across the human service centers.

March 2018	Regional Directors and Clinical Directors trained
October 2018	Mock Accreditation Surveys Begin
October 2019	Mock Accreditation Surveys Complete
April 2019	First CARF Accreditation Survey
April 2020	Last CARF Accreditation Survey

The estimated cost to achieve accreditation will near \$200,000 which does not include staff time – that only includes contracted services with CARF and their related expenses.

Psychosocial Rehabilitation and Recovery Management

- Service Units Replaced with Team-Based Care
- Integrated Assessment and Treatment Services
- Long Term Individualized Services
- Individualized Skills Training and Skills Integration Services
- Individualized Clinical and Support Services

Description of change in services and expected outcomes