Department of Human Services

Human Services Committee Update

July 27, 2018
Broadly-SB 2039 had several key changes

• 50-06-01.4.d Structure of the department
  • Establishment of policy division
  • Establishment of service delivery division
• 50-06-05.2 Accreditation requirement to be licensed
• 50-06-05.3.3 Re-establishment of advisory groups
• 50-06-06.5 Continuum of services
  • Focus on serious and persistent mental illness
  • Add housing options
  • Add peer and recovery support
  • 24/7/365 crisis service
• 50-06-06-14. Placement of children
  • Use of kinship care or other least restrictive care options
Providing access to social determinants involves administering, paying for, providing, and supporting numerous services.

<table>
<thead>
<tr>
<th>Social Determinant</th>
<th>Components</th>
<th>Social Services &amp; Eligibility</th>
<th>Medical, DD &amp; Long-term care</th>
<th>Behavioral Health Policy &amp; Services¹</th>
<th>Agency Partners</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education</td>
<td>Early Childhood, Literacy/language, Vocational, Higher EDU</td>
<td>Child care licensing</td>
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<tr>
<td>Food</td>
<td>Hunger, Access to healthy options</td>
<td>SNAP/Food stamps</td>
<td>Nutrition Services</td>
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<tr>
<td>Neighborhood &amp; Built Environment</td>
<td>Housing, Transportation, Safety, Parks</td>
<td>CPS, Foster care, FOSTER CARE (IV-e)</td>
<td>NURSING FACILITIES, ICFs</td>
<td>RECOVERY SUPPORT SERVICES (including Free Through Recovery, PATH for those experiencing homelessness, and other programs)</td>
<td></td>
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<tr>
<td>Social &amp; Community Context</td>
<td>Integration, Support, Inclusion</td>
<td>In-home supports</td>
<td>DD, HOME &amp; COMMUNITY BASED SERVICES</td>
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<tr>
<td>Health &amp; Healthcare</td>
<td>Coverage, Providers, Quality of care, Cultural competency</td>
<td>TRADITIONAL, WAIVERS, VOUCHERS, CHIP, Expansion, LSTC</td>
<td>SBIRT, Parent’s LEAD, STATE HOSPITAL, LSTC, HSCs³</td>
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</tbody>
</table>

CASE MANAGEMENT

Agency Partners:
- Labor / Job Service
- Public Instruction
- Health / Local Public Health
- Transportation
- Housing Authority
- Corrections
- Juvenile Justice

1 Administrative role also includes the function of licensing professionals
2 Those programs for which the state pays a large share
3 SBIRT = Screening Brief Intervention & Referral to Treatment, LSTC = Life skills & transition center, HSCs = Human Service Centers

This is for illustrative purposes only to capture majority of programs/services/entities and the connections they provide to social determinants of health; it is not exhaustive of all programs and services or connections.

While other public entities and private stakeholders also have an important role, they are excluded from this picture.
50-06-01.4.d Structure of the Department

- Re-establishment of policy division
  - Already existed but more formally separated – defined more specifically in SB 2039
- Re-establishment of service delivery division
  - Already existed – just defined more specifically in SB 2039
  - We are better identifying the resources contained within what has been known previously as Field staff
    - BH 482.85
    - VR 77.00
    - DD 112.87
    - Aging 20.00
    - County 28.50
    - Admin (all) 131.40
    - Total 852.62 FTE
50-06-05.2 Accreditation requirement to be licensed
Accreditation Planning and Implementation

Statewide Planning and Regional Planning will occur.

Statewide Accreditation Director and the Regional Accreditation Coordinators will work closely together to identify tasks at the state level and tasks at the regional level.

Who is involved?

Statewide DHS staff
- Human Resources Division
- Fiscal Division
- Legal Division
- Risk Management
- Information and Technology Services Division
- Field Services

Human Service Center staff
- Directors
- Clinical Directors
- Accreditation Coordinators
- Fiscal Managers
- other HSC staff as needed
Accreditation Roles and Responsibilities

Accreditation Director

- 8 Regional Accreditation Coordinators
- Fiscal Division
- Legal Division
- Information Technology Services Division
- Human Resources Division
- Accreditation Organizational Assistant
- HSC Director
- HSC Clinical Director
- Statewide Field Services staff
- Other HSC staff as needed
2018 Accreditation Timeline

March 2018 Accreditation Training

May 2018 Initial Accreditation Planning meeting

June 2018 Accreditation Planning meeting

August 2018
- Statewide Accreditation meeting

September 2018
- All Accreditation Planning should be completed

October 2018 Mock Survey
- SEHSC
- SCHSC

December 2018 Mock Survey
- WCHSC
- BLHSC
2019 Accreditation Timeline

April 2019 Accreditation Survey
- SEHSC
- SCHSC

June 2019 Accreditation Survey
- WCHSC
- BLHSC

July 2019 QI Plan Due
- SEHSC
- SCHSC

July 2019 Mock Survey
- LRHSC
- NEHSC

September 2019 QI Plan Due
- WCHSC
- BLHSC

October 2019 Mock Survey
- NWHSC
- NCHSC

2020 Accreditation Timeline

January 2020 Accreditation Survey
- LRHSC
- NEHSC

April 2020 Accreditation Survey
- NWHSC
- NCHSC

April 2020 QI Plan Due
- LRHSC
- NEHSC

July 2020 QI Plan Due
- NWHSC
- NCHSC
50-06-05.3.3 Re-establishment of Advisory Groups

- All groups are now established and have met twice in each region
- This year, there will be 3 meetings of which one was the organizational meeting
- Go Forward plan is to meet twice annually
- Common agendas for all regions with some specifics for local concerns
50-06-06.5 Continuum of Services

- Focus on serious and persistent mental illness
- 24/7/365 crisis service
- Housing options
- Peer and recovery support
Current Field Initiatives

• Improving Access and Quality
  – Open Access
  – Integrated Assessment
  – Re-organize Emergency Service
  – Expand Telehealth Services
  – Develop Psychiatric Rehabilitation Services
  – Develop Recovery Management Services
  – Quality Audits
Current Field Initiatives

• Improving Access and Quality
  – Team-Based Care
  – Roll Out New Electronic Health Record System
  – Increase Client Facing Time
  – Tobacco Free Environments
  – Standardization of Behavioral Health Contract Scopes
  – Implement Change Necessary for Accreditation
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
Open Access Review

• Open Access Initiated September 2015
• Group Based Services Initiated September 2016
• Open Access Statewide June 2017
• Integrated Assessment Statewide January 2018
Average Statewide # of days from assessment to first day of treatment
PRIORITY AND CORE

PRIMARY FUNCTION

SMI/SED SEVERE SUD DUAL

- EMERGENCY SERVICES
- ASSESSMENT & REFERRAL
- REHABILITATION & RECOVERY SOCIAL SERVICES

CORE SERVICES

- RECOVERY MANAGEMENT
- PSYCHOSOCIAL REHABILITATION
- PSYCHOTHERAPY
- ADDICTION COUNSELING
- MEDICATION MANAGEMENT
- CASE MANAGEMENT
- CARE COORDINATION
- SUPPORTED EMPLOYMENT
- SUPPORTED HOUSING
- RESIDENTIAL CARE
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
Team-Based/Integrated

• Completed agency assessments to determine team configuration needs based on regional client service trends
• Ensured most intensive service teams staffing needs were met
• Assessment of training needs for teams
• Client level evaluations and transitions are in process now
Youth Services

• Integrated youth-specific Integrated Assessment
• Specialized Intensive Family Therapy – Multisystemic Family Therapy
• Trauma-Focused Cognitive Behavioral Therapies
• Statewide Review Team for problem-solving difficult cases
• Region-specific Intensive In-Home Therapies
• Safety-Net provider for Psychiatric Residential Treatment Services
• Targeted Adolescent Residential Substance Use Disorders Treatment
Unique Count of Clients Served at Regional Human Service Centers, Statewide, by Quarter

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<tr>
<th>Quarter</th>
<th>Count</th>
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<tr>
<td>OCT NOV DEC 2016</td>
<td>10,859</td>
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<td>JAN FEB MAR 2017</td>
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<td>OCT NOV DEC 2017</td>
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<td>JAN FEB MAR 2018</td>
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<td>APR MAY JUN 2018</td>
<td>10,510</td>
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Unique Clients Served at Regional Human Service Centers, by Center, by Quarter
Count of Services Provided at Regional Human Service Centers, Statewide, by Quarter

- OCT NOV DEC 2016: 151,287
- JAN FEB MAR 2017: 149,277
- APR MAY JUN 2017: 141,881
- JUL AUG SEP 2017: 136,547
- OCT NOV DEC 2017: 140,556
- JAN FEB MAR 2018: 142,960
- APR MAY JUN 2018: 143,406
Count of Clients, Count of Sessions, and Number of Hours For Clients Receiving Tele-health Services, Statewide, by Quarter
Emergency and Crisis Service Updates

Planning Phase of Emergency Services Transformation

• Standardizing 24-hour crisis line services
• Standardizing 24 hour in-person emergency services
# Emergency Service Calls

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<tr>
<th></th>
<th>NWHSC</th>
<th>NCHSC</th>
<th>LRHSC</th>
<th>NEHSC</th>
<th>SEHSC</th>
<th>SCHSC</th>
<th>WCHSC</th>
<th>BLHSC</th>
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<td>41</td>
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<td>8</td>
<td>507</td>
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<td>Dec</td>
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<tr>
<td>Total</td>
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<td>229</td>
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<td>5,154</td>
<td>2,438</td>
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<td>272</td>
<td>9,714</td>
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National Governor’s Association
Behavioral Health Integration Learning Lab

Develop effective and efficient statewide crisis services

• Environmental scan of initiatives and resources complete

• Private and public provider roles clarified

• TA received regarding Crisis Now (national outcome based model) and child/adolescent specialization

• 3 primary system change areas: centralized call center, 24-hour clinic and outreach based crisis assessment and clinical intervention capability, and sub-acute stabilization facilities
National Governor’s Association
Behavioral Health Integration Learning Lab

- RFP for mobile crisis service in WCHSC pilot region
- Statewide and Regional Staffing Plan Development in process
- Consideration of Optional Adjustment Request (OAR)
- Communication and Stakeholder Engagement Plan pending
50-06-06.5 Continuum of Services

- Focus on serious and persistent mental illness
- 24/7/365 crisis service
- Housing options
- Peer and recovery support
Housing Options

There has not been extensive work to this point but options being considered for next session – currently:

• Housing First
• On-site case management - MFP
• Ad hoc gap funding
• Partnering with housing authority
**Mission:** To improve healthcare outcomes and reduce recidivism by delivering high-quality community behavioral health services, linked with effective community supervision.

**Key Principles:**
- Recidivism is reduced by attending to criminogenic risk and need.
- Recovery from substance use and mental health disorders is a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.
50-06-06-14. Placement of children

• Use of kinship care or other least restrictive care options
• CFS continues to use this as a valid option identifying relatives as the first option when placing outside the home
• Other work being done to prioritize this option when appropriate