

Wyoming Department of Health

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**TITLE 25 JOINT SUBCOMMITTEE
DIRECTOR'S UNIT FOR POLICY, RESEARCH, AND EVALUATION
10.17.2016**



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“Chart B” Claims System Update

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- Launched August 1, 2017
- Purpose:
 - Streamline data collection and automate payment
- 58 claims received (as of 10.12.16)
- 55 returned for insufficient information
 - Certification form missing
 - Incorrect dates
 - First 72 hours
 - Etc.
- Technical Assistance to Designated Hospitals:
 - Standardized check-list detailing supporting documentation required for claims, along with detailed instructions

Utilization Review Reports | Summary

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- Vendor-based utilization review at WSH and select DHs
 - Xerox (2014-2016)
 - Optum (2016 - present)
- Purpose:
 - Document medical necessity
 - Identify barriers to discharge for Title 25 clients
 - Provide training to providers in clinical assessments
 - Produce UR reports to the Department

Utilization Review 2016 Annual Report | Summary

- **Volume**
 - Increasing number of IHs (primarily in Natrona, Sweetwater, and Fremont)
 - ~16% of total IHs due to “inability to care for self”
- **Length of Stay**
 - WSH ALOS = 184 days (June 1 2014 – June 22 2016)
 - ✦ Skewed by a small number of long-term patients
- **Internal WSH ALOS Data (June 1 2014 – June 22 2016)**
 - Short-term client (<180 days)
 - ✦ ALOS at WSH = 73 days
 - ✦ 80% of patients
 - Long-term client (\geq 180 days)
 - ✦ ALOS at WSH = 548 days
 - ✦ 20% of patients
 - One-third of those stayed longer than 365 days

Utilization Review 2016 Annual Report | Summary

- **Diagnosis**

- ~1/3 of WSH patients had secondary diagnosis of substance use disorder
- Length of stay is correlated w/ diagnosis, with longer stays for psychotic spectrum disorders

- **Internal WSH Data (August 25 2015 to August 26 2016)**

- Top 3 diagnoses
 - ✦ Psychotic spectrum disorder (40% of patients)
 - ✦ Depressive disorder (34%)
 - ✦ Bipolar disorder (23%)
- Discharges w/ Schizophrenia diagnosis had 2.5X longer ALOS than Depressive disorder

Utilization Review 2016 Annual Report | Summary

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- **Medical Necessity**

- 2014-2015

- ✦ 10,142 patient days not meeting medical necessity (level of care = 6 based on the LOCUS score)
- ✦ Service value of \$7,672,728

- 2015-2016

- ✦ 13,429 patient days not meeting medical necessity
- ✦ Service value of \$9,722,766

Utilization Review 2016 Annual Report | Summary

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- **Barriers to Discharge (for all reviewed patients)**
 - Symptom severity (likely inflated in reports)
 - Lack of appropriate living situation (housing)
 - Lack of ongoing support and structured supervision in community
 - ✦ **Step-down community services**
 - Medication management
 - Residential (crisis stabilization, group home, etc.)
 - Healthcare coverage

Utilization Review 2016 Annual Report

WDH Meta-analysis

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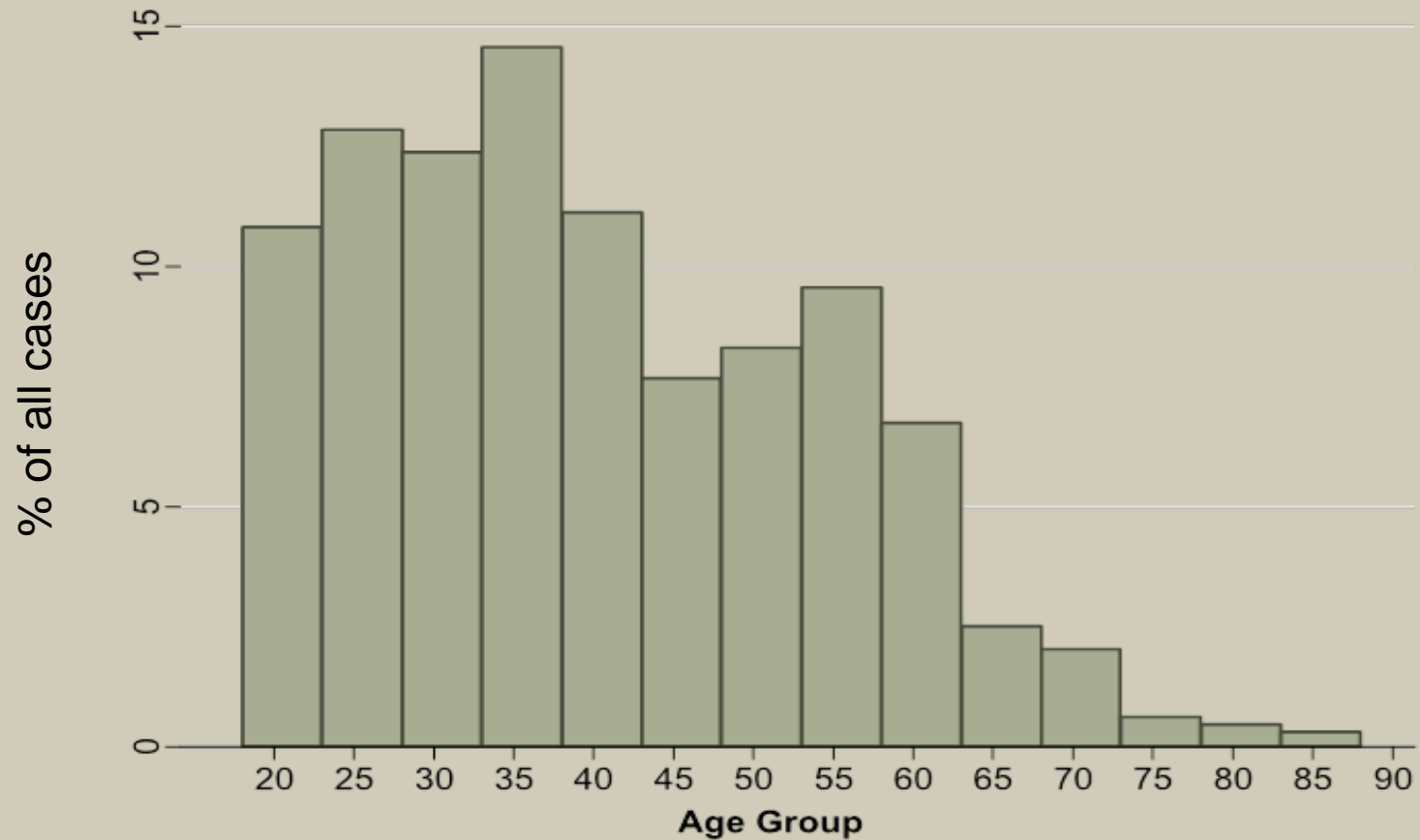
Diagnosis Category	Primary reason for ED/IH			
	Danger to Self	Danger to Others	Inability to Care for Self	Total
Bipolar	14.6%	4.2%	2.2%	21.0%
Depression	21.8%	2.7%	1.6%	26.0%
Other	9.5%	3.0%	1.4%	13.9%
Psychotic	15.9%	11.8%	11.4%	39.1%
Total	61.8%	21.7%	16.5%	100.0%

Utilization Review 2016 Annual Report

WDH Meta-analysis

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Age distribution of all cases reviewed, 2014-2016



Utilization Review 2016 Annual Report

WDH Meta-analysis

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Housing situation prior to ED/IH

Housing Situation	Percent
Home with family	33.28%
Homeless	25.82%
Alone, non-monitored	20.53%
Home with roommates	6.69%
Non-medically monitored group home	6.22%
Medically-monitored group home	5.6%
Jail	1.87%

Utilization Review 2016 Annual Report

WDH Meta-analysis

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Health Insurance Status Prior to ED/IH

Insurance	Percent
None	65.3%
Medicare	19.6%
Medicaid	11.8%
Private	1.4%
IHS	0.9%
TRICARE/VA	0.9%

Title 25

Challenges | Actions Taken | Actions Needed

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Community (Front End)

- State funding does not prioritize Title 25 population
- Connection with hospitals
- Crisis bed availability
- Law enforcement training
- Community system
- Case management

Institutional

- WSH Mission
- WSH physical plant
- Longer stays at WSH
- Barriers to discharge:
 - Housing
 - Supports
 - Financial
 - Case severity
 - Hard-to-place clients

Community (Back End)

- State funding does not prioritize Title 25 population
- Ongoing case management
- Access to supports
- Crisis bed availability
- Access to healthcare coverage

Legal System

Legal Challenges

Challenge	Actions Taken	Actions Needed
<p>Statute ambiguities</p> <ul style="list-style-type: none"> • “Conditional outpatient” • Convalescent leave • Financial and data 	<ul style="list-style-type: none"> • SF 58 • Gatekeeper pilots • Conv. leave for DHs • Directed outpatient • Statute cleanup 	<ul style="list-style-type: none"> • n/a
<p>Designated hospital ambiguities</p>	<ul style="list-style-type: none"> • SF 58; WDH Rules; DH MOUs (upcoming) 	<ul style="list-style-type: none"> • n/a
<p>Title 7</p> <ul style="list-style-type: none"> • Wait times • Short staffed • Incorrect court orders • WSH capacity 	<ul style="list-style-type: none"> • Electronic queue/data tracking • Contract forensic evaluators • Staffing efforts • Model court orders • Facilities Task Force 	<ul style="list-style-type: none"> • Potential statute changes • WSH process review (ongoing) • WSH potential policy changes • Continued struggle w/ staffing

Community Challenges: Front End & Back End

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Challenge	Actions Taken	Actions Needed
<p>Prioritization for T25 Clients</p> <ul style="list-style-type: none"> • CMHC payment system • WSH/CMHC collaboration • Silos of T25 ownership 	<ul style="list-style-type: none"> • D.O.C. • Gatekeeper pilots • Convalescent leave 	<ul style="list-style-type: none"> • Payment reform • Continued discharge planning (WSH/CMHCs) • Ramp up gatekeeping
<p>Limited crisis beds</p>	<ul style="list-style-type: none"> • CMHC contract flexibility 	<ul style="list-style-type: none"> • Payment reform or funding
<p>Law enforcement training</p>	<ul style="list-style-type: none"> • Some communities requiring/providing CIT training 	<ul style="list-style-type: none"> • CIT/MH First Aid/etc. funding or mandate for communities
<p>Access to healthcare</p>	<ul style="list-style-type: none"> • Gatekeeper pilots (resource alignment) 	<ul style="list-style-type: none"> • Medicaid expansion, or • Adult MH waiver

Institutional Challenges (WSH/DHs)

Challenge	Actions Taken	Actions Needed
WSH Mission WSH Physical Plant	<ul style="list-style-type: none"> Facilities Task Force 	<ul style="list-style-type: none"> Ongoing (Level 3 study and design)
Long-term stays at WSH	<ul style="list-style-type: none"> Facilities Task Force Increasing conv. Leave Directed outpatient commitment WSH process reviews/improvements 	<ul style="list-style-type: none"> Facilities Task Force (ongoing)
Barriers to discharge <ul style="list-style-type: none"> Step-down care Housing Rx management Primary care Employment 	<ul style="list-style-type: none"> Facilities Task Force Utilization Reviews SF 58 	<ul style="list-style-type: none"> Facilities Task Force (ongoing) Medicaid expansion, or Adult MH waiver Payment reform

Title 7 Update

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UPDATED DATA, POLICY OPTIONS, & POTENTIAL STATUTE CHANGES

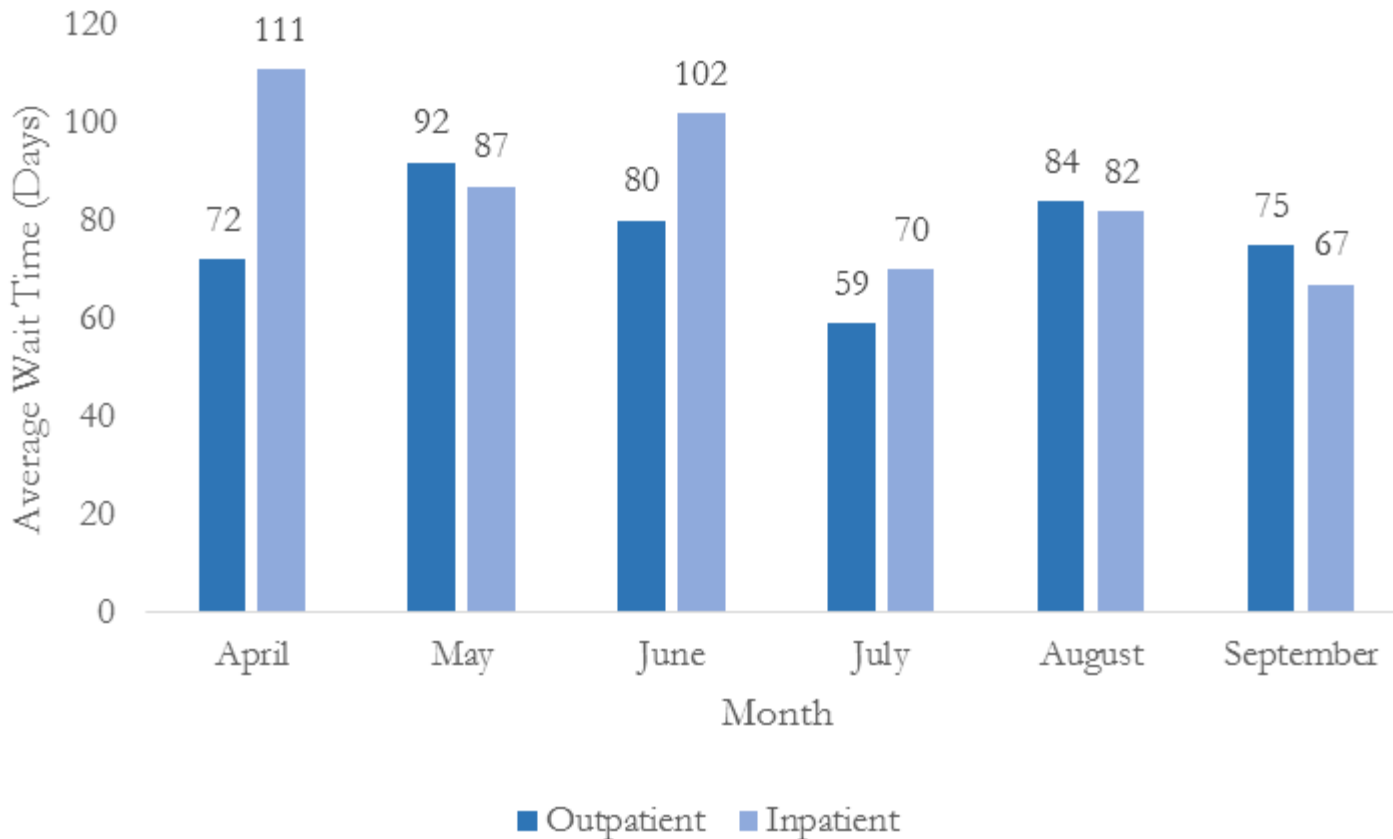


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WSH Wait Times for T7 Evaluations, All Evaluation Types

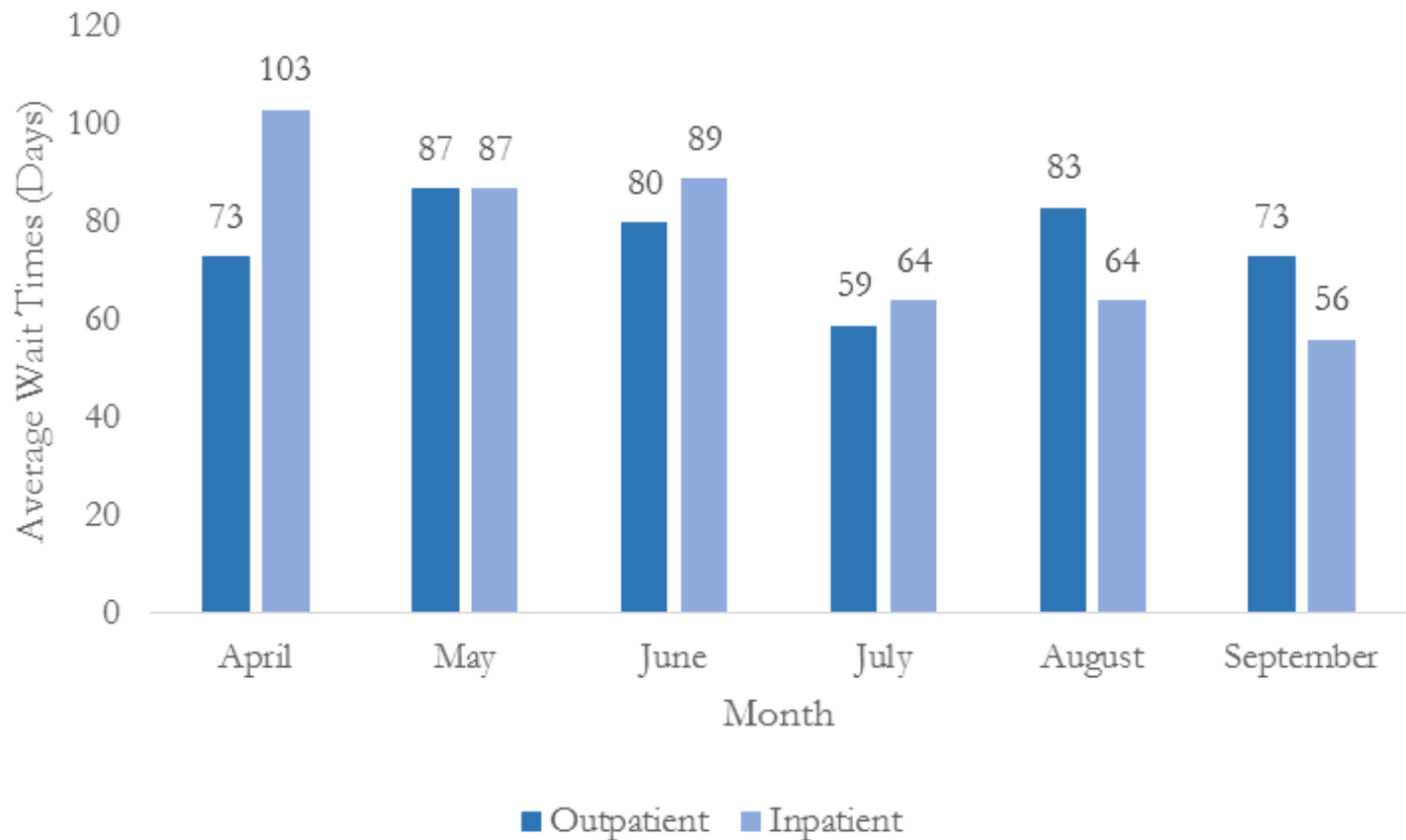
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- Wait time = number of days from the court order date to the date the report is submitted

WSH Wait Times for T7 Evaluations, Fitness to Proceed & Criminal Responsibility

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- Wait time = number of days from the court order date to the date the report is submitted

WSH Performance Metrics

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	April	May	June	July	August	September
Court orders received	16	34	22	20	27	25
Evaluations completed	21	28	23	22	32	22
Average inpatient wait time (days)	111	87	102	70	82	67
Average outpatient wait time (days)	72	92	80	59	84	75
% of reports meeting the due date	45%	67%	35%	90%	59%	70%
Average # of extension requests per case	0.6	0.8	0.7	0.9	0.8	0.8

Process Times, Fitness to Proceed & Criminal Responsibility

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Month	Court Orders Received		Court Orders Completed			
	Average # of days from Filed to Received	% of orders received concurrently with collateral	Prosecution		Defense	
			% of cases with no collateral	Average # of days to receive collateral	% of cases with no collateral	Average # of days to receive collateral
September	5.2	29%	17%	10.7	56%	10.0
August	2.4	30%	4%	8.2	15%	17.7
July	3.6	33%	5%	12.5	0%	24.3

Appropriate Placements Fitness to Proceed & Criminal Responsibility

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Month	Court Orders Received		Court Orders Completed	
	% of Cases filed for Misdemeanor Charges	# of DUI/Alcohol Related Cases	% of Cases Found Competent	% of Misdemeanor Cases Found Competent
September	29%	1	50%	40%
August	35%	2	59%	40%
July	33%	6	72%	71%
June	32%	0	61%	71%
May	36%	3	69%	50%
April	31%	1	44%	100%

WSH T7 Initiatives

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- T7 electronic queue for ongoing data management and reporting
- Court order templates for 303 (fitness to proceed) and 304 (criminal responsibility) orders
 - Separate the 303 and 304 orders, per statute
 - Clarify procedures
 - ✦ Provision of collateral
 - ✦ Transportation
 - ✦ Information sharing between Courts and the Designated Examiners

Policy Options

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- Cap the number of WSH evaluations
- Limit the types of evaluations conducted at WSH
- Set a fee schedule for WSH evaluations
- Processing court orders
 - Return incorrectly worded court orders
 - Process orders only when all collateral has been received
 - Close cases in which the defendant has failed to cooperate or appear for the scheduled interview

T7 Statute, Alternatives

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- **Submitting collateral information per court order**
 - **Wyoming, Title 14 (youth):** provides for specific financial and jail time penalties for failure to comply with the court orders
 - **Oregon:** individuals must submit a completed mental health evaluation before pleading not guilty by reason of mental illness
 - **Colorado, Wisconsin:** required submission by statute
- **Scheduling outpatient examinations (“no-shows”)**
 - **Colorado:** failure to cooperate bars the defendant from calling expert witnesses to testify regarding their mental status
 - **Michigan, Minnesota:** failure to appear results in an inpatient order and/or revocation of bond
 - **Montana, Oregon:** failure to appear is noted in the report to the court

T7 Statute, Alternatives contd.

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- **Appropriateness of evaluation requests**
 - Colorado, Michigan, Minnesota, Wisconsin: limits the amount of time committed to equal to or less than the amount of time that would have been served had the defendant been convicted
 - Minnesota, Montana: if a defendant is incompetent they are placed under civil commitment
- **Costs of evaluation**
 - Colorado: defendant is responsible for the cost unless indigent, in which case the state is responsible for the first evaluation and the court if a second opinion is requested
 - Oregon: defendant is responsible unless indigent, in which case a county court will order the county to pay and a circuit court will order the public defender's office to pay the examination costs
 - Wisconsin: the court determines the fee to be paid by the county to the evaluator