

Rural Access Study

Behavioral health services in rural communities FY23

Engrossed Substitute Senate Bill 5693, Section 215(110), Chapter 297, Laws of 2022

December 1, 2022

Legislative summary

The Washington State Legislature provided a one-time \$50,000 appropriation in Senate Bill 5693 (2022) for the Health Care Authority (HCA) to study and provide data on the challenges of behavioral health services in rural communities for fiscal year 2023 (FY23) and provide recommendations for improvement:

\$50,000 of the general fund—state appropriation for fiscal year 2023 is provided on a one-time basis solely for the authority to conduct a study and provide data regarding challenges to receiving behavioral health services in rural communities. The study by the authority must review timely access to behavioral health services in rural areas including: (a) Designated crisis responder response times; (b) the availability of behavioral health inpatient and outpatient services; (c) wait times for hospital beds; and (d) the availability of adult and youth mobile crisis teams. The study must include recommendations on strategies to improve access to behavioral health services in rural areas in the short-term as the state works to develop and implement the recommendations of the crisis response improvement strategy committee established in chapter 302, Laws of 2021. The authority must submit a report to the office of financial management and the appropriate committees of the legislature with a summary of the data, findings, and recommendations.

This report shares information about available and the additional needed data to address the elements of timely access of behavioral health services in rural regions.

Background

HCA convened an internal workgroup to identify the availability of data necessary to complete the requirements outlined in SB 5693. The group reviewed all data sources that are currently available. Below are the data findings. HCA has secured a contractor to assist in gathering additional data.

- **Designated crisis responder response times**
 - Currently available behavioral health administration service organization (BH-ASO) data is based on crisis response timelines identified in contract deliverables that result in a quarterly report. The data references Mobile Crisis response time, which may or may not include Designated Crisis Responder (DCR) services. The data set is unreliable because it does not accurately represent DCR response times.
 - Statute defines DCR response times and there are contracted response times (two hours for an emergent response and 24 hours for an urgent response).
 - The Behavioral Health Data System collects the date and time for Involuntary Treatment Act (ITA) investigation start, and the date for ITA investigation end. The data is not sufficient to determine if the response is timely because it does not include the investigation end time.

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- **Behavioral health inpatient and outpatient services in rural areas**

This information is available through the below data:

- Department of Health licensing data.
- Department of Health behavioral health directory.
- Managed care organization (MCO) network adequacy data which provides a clear picture of managed care providers.

- **Wait times for hospital beds**

- The “No Bed Report” data has been analyzed; however, this data does not capture the time between identifying a need for a bed, and later placement. The data can describe how often a bed of the reported type is not found.
- Single bed certification (SBC) data was also analyzed. This data is not sufficient to identify wait times outside of SBCs. In addition, HCA does not receive a report if the SBC ends prior to its 30-day expiration. So, this information is not an accurate representation of the wait time for hospital bed placement for the entire rural population.

- **Availability of adult and youth mobile crisis teams**

- HCA has data available to describe current and projected mobile response teams. This data can be utilized to identify services gaps in rural regions.

Next steps

HCA is compiling and reviewing the accessible data outlined above. HCA determined that it does not possess all the data needed to assess the requested elements of timely access to behavioral health services. Additional support in addressing the timeliness of hospital bed placement and DCR response times is needed. HCA will:

- Work with external stakeholders to complete the necessary data collection.
- Data collection and reporting to be completed July 2023.
- Assess the data to provide a report on identified gaps and solutions to behavioral health access within rural communities, and to identify potential service gaps and solutions. HCA anticipates delivering a final report to the Legislature in September 2023.

Contact

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