



HEALTH & HUMAN SERVICES

Department of Social and Health Services

Mental Health

In October 2015, as the state's mental health system was recovering from deep cuts made during the Great Recession, the federal Centers for Medicare and Medicaid Services began pushing the state's psychiatric hospitals — especially Western State Hospital — to restore services and levels of care.

CMS called for specific actions to mitigate deficiencies in care to maintain federal funding. To address these issues, the governor's 2017–19 budget called for more than \$300 million in new investments and laid out a comprehensive vision for the delivery of behavioral health services across the state. This vision focused on creating forensic centers of excellence at the state hospitals, building civil capacity in community settings and investing in quality of patient care at Western State and Eastern State hospitals. The budget passed by the Legislature this year provided nearly \$180 million in total funds, or a little more than half of what the governor proposed.

The state psychiatric hospitals have made significant progress toward improving performance and outcomes. They have achieved

full compliance with CMS standards for psychiatric care; exceeded targets for the rate of active treatment; and moved staff-to-patient ratios closer to the industry standard of three staff per patient. However, more targeted investments are needed to address acute medical care deficiencies, fully meet industry standards for staff-to-patient ratios and bring the hospitals into full compliance with CMS by this spring.

The governor's supplemental 2018 budget continues the state's commitment to the operation of safe and compliant hospitals. His budget adds staff to improve patient care and funds the tools to ensure accountability in the operations of the hospitals. His budget also continues work to transform the hospitals by adding forensic capacity and sets the stage for future steps to meet patient needs across the state.

State hospital operations

Provide high-quality patient care to individuals referred through behavioral health organizations, the civil court system or the criminal justice system to Western and Eastern State hospitals. (\$93.3 million General Fund-State)

Trueblood lawsuit fines

Fund contempt fines, court monitoring costs and plaintiff attorney fees related to the Trueblood et al. v. DSHS lawsuit in state fiscal year 2018. (\$44.7 million GF-S)

State hospital compliance

Hire 100 staff to improve medical care, and life and safety conditions. Funding also is provided to address remaining facility deficiencies and strengthen the quality improvement program. Full funding is necessary to comply with the plan of correction submitted to the Centers for Medicare and Medicaid Services. (\$20.1 million GF-S; \$326,000 General Fund-Federal)

Forensic ward staffing

Hire approximately 53 staff to operate 45 new forensic beds at Western State Hospital. New forensic ward capacity is necessary to meet rising demand from court referrals for competency evaluations and restoration. (\$10.1 million GF-S)

Forensic mental health services

Hire 18 staff in the Office of Forensic Mental Health Services to provide timely competency evaluation and restoration services. Individuals needing an inpatient mental health evaluation must receive a complete evaluation within seven days of a signed court order, and individuals in jail must be evaluated within 14 days. (\$3.3 million GF-S)

Youth and long-term inpatient access

Increase the rate paid for community-based Children's Long-Term Inpatient Program beds from \$544 to \$883 per day. CLIP is the only long-term inpatient psychiatric treatment resource for

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youth aged 5 to 17. Currently, youth are placed on a waitlist due to limited bed capacity and inadequate rates. (\$2.3 million GF-S; \$2.3 million GF-F)

Juvenile Rehabilitation

Acute mental health

Hire 15.2 staff to operate acute mental health programs for youth at Green High School and Echo Glen Children's Center. Youth committed to the custody of the state have more treatment needs than other youth involved with the state juvenile justice system. (\$1.4 million GF-S)

Homeless relief

Provide safe and stable placement options that include legal advocacy services and temporary housing for youth transitioning from incarceration to the community. Approximately 13,000 such youth lack safe and stable housing. One-quarter of incarcerated youth releases to homelessness and experiences higher rates of recidivism, mental illness and substance use disorders. (\$1.2 million GF-S)

Developmental Disabilities

Medicaid compliance

Hire staff to meet CMS requirements for continuous, active treatment in all intermediate care facilities for individuals with intellectual disabilities. (\$9.5 million GF-S; \$9.5 million GF-F)

SOLA community options

Provide 47 community residential placements in state operated living alternatives for individuals

residing in residential habilitation centers and who have requested community placements. The department has been unable to find community providers to serve these clients at current rates. Placements will be phased in over a three-year period. (\$1.4 million GF-S; \$1.4 million GF-F)

Long-Term Care

Quality of residential care

Hire 11 staff investigators to conduct inspections and investigate complaints in assisted living facilities. In the past four years, the number of individuals receiving services has increased 7.3 percent increase, from 30,360 to 32,592. Funding also is provided to maintain the Residential Care Services quality assurance unit. (\$688,000 GF-S; \$1.4 million GF-F)

Health Care Authority

Healthier Washington savings restoration

Restore savings assumed in the 2017–19 budget. Under Healthier Washington, HCA and DSHS have established integrated clinical models for physical and behavioral health care. This improves the effectiveness of health care purchasing and delivery. Due to aggressive assumptions about savings and delays in integrating the clinical models, full savings will not be realized. (\$61.0 million GF-S; \$75.8 million GF-F)

Pharmacy savings restoration

Restore savings assumed in the 2017–19 budget. While HCA has signed a contract to implement a single Medicaid preferred drug list, the savings

assumptions are aggressive and cannot be achieved as quickly nor at the level assumed in the enacted budget. (\$36.3 million GF-S; \$86.5 million GF-F)

Behavioral health integration

Transfer community behavioral health and substance use disorder programs from DSHS to HCA, and the behavioral health licensing and certification programs from DSHS to the Department of Health. This will enable the state to fully integrate physical and behavioral health by 2020, as required by statute. By paying for physical and behavioral health care together, the state will encourage providers to clinically integrate care, which will promote more preventive care services and better patient outcomes. (\$3.6 million GF-S; \$2.5 million GF-F)

Hearing aids

Restore hearing aid benefits for Medicaid-eligible adults. Nearly 25 percent of individuals aged 65–74 and 50 percent of those 75 and older have hearing loss. This will provide coverage to an estimated 6,300 adults. (\$785,000 GF-S; \$2.2 million GF-F)

COFA premium payment program

Implement a premium-assistance program so an estimated 2,600 low-income individuals living in the state under the Compact of Free Association have access to health care. In 1986, the United States entered a COFA with the Republic of the Marshall Islands, the Republic of Palau and the Federated States of Micronesia. (\$2.6 million GF-S)

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Veterans Affairs Administration

Clinical compliance nurse

Implement a clinical and nursing compliance program to ensure adherence to federal and state regulations for the quality of care in four long-term care nursing homes for honorably discharged veterans. (\$340,000 GF-S)

Department of Children, Youth, and Families

Increase behavioral rehabilitative services rates

Increase the behavioral rehabilitative services rate by \$750 per child per month. The rate increase is effective July 2017 for campus facility-based providers and October 2017 for all remaining behavioral rehabilitative service providers.

Behavioral rehabilitative services are for foster care children who have the highest behavioral needs and require the highest level of structured care. (\$6.4 million GF-S; \$59,000 GF-F)

DCYF implementation

Support successful implementation of the new agency, which was created to improve effectiveness of service delivery and to strengthen the collective impact of the Children's Administration, the Department of Early Learning and the Juvenile Rehabilitation Administration. The new agency opens its door July 1, 2018, and will face costs to begin operation. (\$5.0 million GF-S)

Foster parent liaisons

Hire 35 foster parent liaison staff to support foster parents by answering questions and making referrals to community resources and supports. This will help stabilize foster care placements for children. (\$3.9 million GF-S; \$79,000 GF-F)

ECLIPSE program

Maintain services for 315 children and cover daily transportation costs. The Early Childhood Intervention Prevention Services program provides therapeutic child care and other specialized treatment services to abused, neglected, at-risk and drug-affected children. (\$2.5 million GF-S)

Home visits

Expand the Home Visiting program to serve an additional 275 families beginning in fiscal year 2019. Home visiting programs have positive impacts on children's cognitive development and behavior and will help DCYF achieve its goal of ensuring that 90 percent of children in Washington are kindergarten-ready by 2020. (\$2.3 million GF-S)

Department of Health

Expand newborn screening panel

Provide authority for the department to collect fees to conduct blood testing for Pompe disease and MPS-I as part of the mandatory newborn screening panel. (\$683,000 General Fund-Local)

Department of Corrections

Work release: maximize capacity

Fund 62 beds at work release facilities by maximizing current space. This will alleviate the need to hold more individuals in more-expensive correctional facilities. The Washington State Institute for Public Policy has found that the work release program generates a positive net return on investment of \$5,986 per work release participant. (\$975,000 GF-S)

Graduated reentry

Expand partial confinement options beyond traditional work release facilities for eligible individuals. Due to limited bed space at these facilities, not all individuals eligible for work releases are able to be placed in one. Options may include supported recovery facilities, veteran care facilities or other forms of supportive housing. (\$943,000 GF-S)

Concurrent consecutive sentences

Reduce the offender caseload in community supervision through sentencing changes that require terms of supervision be served concurrently unless the court expressly orders the terms to be served consecutively. This change simplifies supervision and will allow the department to more accurately track adherence with conditions and ensure treatment for the offender is delivered at the most appropriate time. (\$3.4 million GF-S savings)

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Eliminate drug grid sunset

Make the 2013 sentencing grid modifications, set to sunset in 2018, permanent for any offender who commits a seriousness level 1 drug offense and has three to five prior felony convictions. Seriousness level 1 drug offenses include possession of a forged prescription and unlawful use of a building for drug purposes. Making these changes permanent will save taxpayer money. (\$488,000 GF-S savings)

Office of Insurance Commissioner

Health insurance market stabilization

Analyze individual health insurance market stabilization approaches that include actuarial and economic studies for potential state-based reinsurance programs and publicly offered options. This could reduce health care premium increases and promote consumer choice of health plans in rural counties. (\$390,000 General Fund-Other)

Department of Labor and Industries

Crime Victims Program

Continue funding for the Crime Victims Compensation Program. As a result of 2017 legislation, which increased reimbursement to providers, and due to declining federal funds, program funding is projected to run out in 2018. (\$3.8 million GF-S)

Building on efforts to combat Washington's opioid crisis

The opioid epidemic continues to devastate families, affect communities and overwhelm law enforcement, health care and social service providers. On average, two Washingtonians die each day from an opioid overdose. The governor's budget builds upon work underway to treat more of those in need of services and prevent the epidemic from claiming more lives.

Treatment (total funding \$15.9 million)

Hub and spoke expansion

Add four new hub-and-spoke networks to the current six. These networks use a specialist as a "hub" for treatment to help people with their addiction and offer "spokes" for follow-up care. This will provide greater access to treatment and more treatment options, particularly in rural and Eastern Washington. (\$2.3 million GF-S; \$2.3 million GF-F)

MAT Medicaid rate increase

Increase the Medicaid medication-assisted treatment rate for opioid-use disorder to match the Medicare rate. MAT combines behavioral therapy and medications to treat substance use disorders. This will encourage more providers to treat patients. (\$1.2 million GF-S; \$4.9 million GF-F)

MAT and Naloxone for offenders

Provide MAT treatment to incarcerated individuals with opioid use disorder who are being released from prison and give Naloxone toolkits, which reverse an overdose, to specified groups. (\$241,000 GF-S)

Treatment data tracking and analytics

Create new tools to track MAT provider capacity to make it easier for individuals to obtain treatment from the limited number of health professionals who now offer it. (\$1.5 million GF-S)

Tribal-specific strategies

Provide tribes and/or urban Indian health care providers with funds and Naloxone kits to reduce overdose deaths. (\$1.5 million GF-S)

Diversion pilot project

Administer a 40-bed residential criminal justice diversion center pilot project in Snohomish County. Aims are to reduce recidivism, reduce the use of crisis and emergency resources, and decrease behaviors associated with untreated mental health and substance use disorders while increasing effective engagement with treatment providers, housing stability and employment. (\$500,000 GF-S)

Prevention (total funding \$4.0 million)

Prescription monitoring program

Integrate electronic medical records systems with the Prescription Monitoring Program so all providers use it. Give private insurers access to the program. (\$793,000 GF-S)

Opioid-overdose data

Collect data on opioid-related emergency responses that do not result in a trip to the hospital. By reporting these incidents to the Department of Health, a fuller understanding of the scope of the opioid problem is possible. (\$473,000 GF-S)

Youth drug prevention services

Provide direct services, technical assistance, training and evaluation of local efforts to approximately 40 predominately rural communities across the state, serving 4,200 youth, parents and families, to build prevention efforts. (\$1.7 million Dedicated Marijuana Account)