

Human Services/Operating

Strengthen Washington’s public health system

The governor’s 2021–23 budget includes \$397 million (\$447 million total funds) to provide resources the state needs to make it through the COVID-19 pandemic. This includes funding for personal protective equipment and testing supplies, lab costs, staff for contact tracing, the state public health lab and epidemiology work. With the arrival of a COVID-19 vaccine, the Department of Health also needs resources for vaccine distribution and administration to ensure all state residents have access to a vaccine when it is available.

Long-term public health system investments

As the state prepares for a vaccine and moves through the worst of the COVID-19 pandemic, there are still major issues to address in our chronically underfunded public health system. To fund ongoing public health needs, the governor is proposing a new per member/per month assessment on health insurance carriers. It will raise an estimated \$205 million during the second year of the next biennium, then about \$343 million in the 2023-25 biennium.

Department of Social and Health Services – Behavioral health institutional services

Support children’s mental health

Increase supervision of direct care and psychology staff. Also, expand the substance

use disorder counseling capacity at the Child Study and Treatment Center for children with a personal and/or family history of substance abuse that often results in the child requiring inpatient services. (\$577,000 General Fund-State, \$543,000 GF-Local, \$12,000 GF-Federal)

Western State Hospital: forensic ward

Fund operating costs, including direct care and essential support staffing for two new forensic competency restoration wards at Western State Hospital. Scheduled to open in the 2021–23 biennium, the new wards add 58 beds and 40,742 square feet to the Center for Forensic Services (Building 28). The first ward is scheduled to open May 2022 and the second by July 2022. This increased bed capacity reduces admission wait times for individuals who need to wait for competency restoration, and aligns with the goals established in the Trueblood Contempt Settlement Agreement. (\$27.4 million GF-S)

Eastern State Hospital: direct care and essential support staff

Fund operating costs, including direct care and essential support staffing, for two new forensic competency restoration wards at Eastern State Hospital. The new wards, which opened in 2020 added 50 beds and 20,000 square feet. The increased bed capacity reduces admission wait times for individuals who need to wait for competency restoration, and it aligns with the goals established in the Trueblood Contempt Settlement Agreement. (\$3.4 million GF-S, \$498,000 GF-Local, \$414,000 GF-Federal).

Continue safety initiatives at Western State Hospital

Expedite recruitment for direct care staff. These staff are vital to operating the hospital at the necessary levels to provide consistent, quality, patient-service delivery in a safe working environment. The hospital experiences high turnover, so rapid recruitment is vital to maintain a constant workforce. (\$3.7 million GF-S)

Reduce civil wards

The number of civil patients at the two state psychiatric hospitals will decrease, as part of the governor's plan to transform behavioral health and move care for individuals on long-term inpatient commitments to community settings. Reduced funding will reflect 11 civil wards closing at Eastern State and Western State hospitals. Reduced bed capacity is offset with other investments in the state hospitals and community settings. (Save \$99.4 million GF-S, \$5.2 million GF-Local, \$4.3 million GF-Federal)

Implement Trueblood Phase 2

Expand implementation efforts into King County for the second phase of the settlement agreement approved in the Trueblood. v. DSHS lawsuit. The agreement requires investing in resources for competency evaluation, competency restoration, crisis diversion and supports, education and training, and workforce development. Phase 1, funded in the 2019–21 biennial budget, included Pierce and Spokane counties, as well as the Southwest region of the state. (\$8.4 million GF-S)

Department of Social and Health Services – Aging and long-term and developmental disabilities services

Support nursing home rate methodology

Increase the cost base to nursing facility daily Medicaid rates. This will support nursing care providers. During the 2020 legislative session, legislators added budget language to allow annual rebasing but the appropriation authority will expire unless agency request legislation is approved. Funding goes to annual rebase, along with request legislation to codify budget language. (\$11.5 million GF-S; \$11.5 million GF-Federal)

Increase children's state-operated living alternatives

Add 15 beds in five new children's SOLA homes to serve children age 20 and younger. The increased capacity will divert children with developmental disabilities and behavioral health challenges from acute care hospitals, hotel stays, single night foster home placements, or out-of-state services. (\$5.9 million GF-S; \$5 million GF-Federal)

Maintain the Transitional Care Center of Seattle

Fund the contract to operate and maintain the Transitional Care Center of Seattle. DSHS purchased a 150-bed facility — to be operated by a contracted nursing provider — to accept Medicaid patients who are ready to be discharged from acute care hospitals but who can't yet return to other residential settings. (\$22.9 million GF-S; \$23.2 million GF-Federal)

Support behavioral health transitions

Funding will move patients with dementia from state psychiatric hospitals to Enhanced Adult Residential Care or other appropriate settings. This will free up needed beds for psychiatric patients. As the state psychiatric hospitals move toward forensic centers of excellence, civilly committed patients will need to be moved to community-based settings. (\$8.4 million GF-S; \$8.4 million GF-Federal)

Department of Social and Health Services – Economic Services Administration

Continue Disaster Cash Assistance

Fund the Disaster Cash Assistance Program in fiscal year 2021 to continue helping families or individuals without children during the COVID-19 crisis (assuming the governor extends proclamation 20-63). The Disaster Cash Assistance Program provides a cash benefit to those who face an emergency but don't have the financial resources to meet their basic needs. During a governor-declared disaster, they can access the program once in a twelve-month period. (Fiscal year 2021: \$9 million GF-S)

Issue the maximum Food Assistance Program benefit

Fund maximum food benefit payments to people who qualify for the state's Food Assistance Program during certain months in fiscal year 2021. The state must receive a waiver from the federal Food and Nutrition Services to offer the maximum food benefit. This will increase the number of people who have food security during the COVID-19 pandemic. (Fiscal year 2021: \$6.7 million GF-S)

Continue the Washington Immigrant Relief Fund

Fund the Washington Immigrant Relief Fund in fiscal year 2021 to assist undocumented immigrants. The program provides a one-time cash benefit to immigrants impacted by the COVID-19 pandemic who were not eligible to receive federal stimulus funds or unemployment insurance because of their immigration status. (Fiscal year 2021: \$10 million GF-S)

Extend cash and food assistance reviews

Temporarily pause food and cash benefit reviews from November 2020 to June 2021 for certain safety net programs. These include the Supplemental Nutrition Assistance Program, the state's Food Assistance Program, the Temporary Assistance for Needy Families Program, the State Family Assistance Program, and the Aged, Blind or Disabled Program. This gives the department more time to smooth out the spike in the certificate review workload and ensure that eligible households maintain benefit access during the COVID-19 pandemic. (Fiscal year 2021: \$2.2 million GF-S, \$2.5 million GF-Federal; fiscal year 2022: \$672,000 GF-S, \$863,000 GF-Federal)

Extend the 60-month TANF time limit

Restore the Temporary Assistance for Needy Families program's 60-month time limit hardship criteria to the less restrictive policies that were in effect before 2011. The expanded hardship criteria helps more families that experience poverty access cash benefits when they most need them, regardless of the number of months they have already received TANF. This extends an existing, temporary policy change from the COVID-19 pandemic. (\$2.1 million GF-S, \$22.8 million GF-Federal)

Revise the TANF sanction policies

Fund the revised process for sanctioning and terminating households on the TANF program due to non-compliance with WorkFirst statutory participation requirements. The revised process creates greater access to financial assistance for families experiencing poverty. (\$1.3 million GF-S, \$2.9 million GF-Federal)

Prop up transitional food assistance

Fund the creation and implementation of a state-funded cash benefit and transitional food assistance program for households with children who receive benefits from the Supplemental Nutrition Assistance Program and Food Assistance Program, but don't receive benefits from TANF. Starting July 1, 2022, the programs will offer a one-time cash benefit to eligible households who are terminated from SNAP or FAP because they exceed the income threshold or choose to voluntarily close their food benefits. The program will also provide a transitional food benefit for five months. These benefits help families avoid a "benefit cliff" and support them with employment-related expenses and food security while they adjust to their new income source. (\$989,000 GF-S)

Department of Social and Health Services – Special Commitment Center

Increase access to on-site care

Expand capacity to provide specialized on-site patient care at the Special Commitment Center. Additional medical staffing and equipment means residents take fewer trips off-island for necessary medical care. (\$2.3 million GF-S)

Support transitions to Less Restrictive Alternatives

Provide proactive discharge planning and increased support services for residents transitioning from total confinement to Less Restrictive Alternative placements. (\$2.1 million GF-S)

Health Care Authority – Other

Restore Healthier Savings

Restore the savings assumed in the 2019–21 budget. Under Healthier Washington, HCA established integrated clinical models for physical and behavioral health care. This improves the effectiveness of health care purchasing and delivery. This integration was completed January 2020 and the impacts associated with that integration are now incorporated in the behavioral health and physical health rates going forward. (\$61.6 million GF-S; \$80.8 million GF-Federal)

Increase Title X clinic rate

Increase family planning rates paid to Title X clinics. Enhanced rates for family providers will help mitigate the potential negative health consequences associated with unintended pregnancies. (\$5.1 million GF-S; \$15.5 million GF-Federal)

Extend Medicaid Transformation Waiver

Extend the Medicaid Transformation 1115 Demonstration Waiver for one year. The MTP waiver is scheduled to end December 2021. An additional year will give the state time to explore additional financing mechanisms for the waiver. The Medicaid transformation

waiver funds three initiatives: 1) incentive-based payments for transformation projects to achieve sustainable goals of better care, better health and lower costs; 2) services and supports for family caregivers who help people stay at home and avoid the need for more intensive services; and 3) supportive housing and supported employment services for those who are most vulnerable and have complex care needs.

Program Integrity savings restoration

Restore savings assumed in the 2019–21 budget. The state can achieve Program Integrity in the managed care environment through contracting efficiencies. This happens by setting benchmark rates for hospitals and clinics, reducing preventable inpatient admissions and eliminating pharmacy spread pricing within the Medicaid program. These efficiencies and price reductions for pharmacy are included in the calendar year 2021 rates. (\$143 million GF-S; \$321 million GF-Federal).

Increase the behavioral health provider rate

Funding will increase behavioral health service rates for Medicaid clients. This rate increase will support current behavioral health providers and entice new providers to serve Medicaid clients. (\$7.4 million GF-S; \$12.6 million GF-Federal)

Extend mental health referral service for children

Funding for the Washington State Mental Health Referral Service for Children and Teens was scheduled to end June 2021. The service connects patients and families with

evidence-supported outpatient mental health services in their community, and is currently free to those who use it. New funding will continue this service. (\$1.5 million GF-S; \$220,000 GF-Federal)

Health Care Authority – Community behavioral health

Expand youth mobile crisis teams

Fund six additional youth mobile crisis teams to expand services statewide. Youth mobile crisis teams respond to youth in crisis either in their own homes, community locations where a child is referred and in crisis, or in hospital emergency departments. First responders such as police, fire and paramedics contact youth mobile crisis teams to help the youth and divert them from psychiatric hospital admissions, when possible. Currently, only four of the 10 regions in the state have youth-specific mobile crisis units. (\$7.8 million GF-S, \$2.6 million GF-Federal)

Co-responder grants

Provide funding to include a mental health practitioner on the team who responds to an emergency that involves an individual experiencing mental illness. This support can help divert individuals from the legal system or state hospitals to less restrictive alternatives. The agency will focus on innovative and culturally-relevant models in determining grantees. (\$2 million GF-S)

Enhance mobile crisis response

Expand mobile crisis response team services statewide, particularly in Black, Indigenous and people of color — or BIPOC — communities

to ensure access to treatment resources. Enhanced mobile crisis response services are a preferred strategy for the person in distress, offering services focused on resolving mental health and substance use crises. Enhancements to MCR teams can include adding certified peer counselors, providing warm handoffs between the individual in crisis and the treatment community, and offering assertive outreach and engagement with individuals who have had frequent contact with the crisis service delivery system. (\$8 million GF-S)

Increase inpatient treatment capacity

Develop and implement a plan to increase inpatient treatment capacity in community behavioral health settings. HCA will work with the Department of Social and Health Services, the governor's office, behavioral health-administrative service organizations, and Medicaid-managed care organizations. This will address gaps in community capacity, develop strategies to address those gaps and include services for civilly committed patients at the state hospitals that can be addressed in community settings. (\$13.5 million GF-S)

Implement Trueblood Phase 2

Expand implementation efforts into King County in the second phase of the settlement agreement approved in the Trueblood v. DSHS lawsuit. The agreement requires investment in resources for competency evaluation, competency restoration, Forensic Housing and Recovery through Peer Services, Forensic Projects for Assistance in Transition from Homelessness, crisis diversion and supports, education and training and workforce development. Phase one, funded in the

2019–21 biennial budget, included Pierce and Spokane counties, as well as the Southwest region of the state. (\$17.2 million GF-S, \$2.6 million GF-Federal)

Support behavioral health assessment and diagnosis: 0-5 years old

Reduce diagnosis and treatment disparities by providing children, aged birth to 5 years old (particularly boys of color), with up to five sessions of intake and assessment in their own home or other natural setting. Includes provider reimbursement for traveling to the child as well as training on the appropriate diagnosis classification criteria to diagnose children in this age range. (\$3.1 million GF-S, \$66,000 GF-Federal)

Bed tracker system

Identify available beds for patient referral. This offers a more efficient flow of individuals through the psychiatric inpatient system. The Department of Health has certified 1,038 beds statewide for involuntary treatment, but there is no centralized resource to identify when and where beds are available. Sometimes, this requires calling multiple providers for their bed availability. First responders, emergency medical service personnel, hospital emergency rooms, mental health crisis responders, mental health centers, managed care organizations and others use this information. This information can also inform decision-makers on bed uses and capacity in community settings. (\$220,000 GF-S, \$620,000 GF-Federal)

Develop behavioral health teaching clinics rate

Work group tasked to develop a recommended teaching clinic enhancement rate for behavioral health agencies that train and supervise students and those seeking their certification or license. (\$150,000 GF-S)

Reduce employment barriers

Task force will identify ways to reduce barriers related to background checks in behavioral health employment. This will help the state develop and retain a robust behavioral health workforce, while maintaining patient safety measures. (\$100,000 GF-S)

Increase tribal residential substance use disorder rates

Provide rate increase for tribal substance-use disorder resident treatment facilities for adults and youth intensive inpatient resident treatment. Tribal residential treatment facilities provide substance use disorder treatment for Indian Health Service-eligible American Indian/Alaska Native Medicaid clients. (\$15.7 million GF-S)

Trueblood

Expand data reporting, contracts, and fiscal capabilities to comply with the Trueblood Contempt Settlement Agreement. (\$2.2 million GF-S)

Department of Corrections

Reduce time in total confinement

Shorten sentence lengths in prison and jail through a number of policy changes. Allow the majority of incarcerated individuals to earn up

to 33% time off their sentences and expand earned time eligibility to include sentence enhancements in addition to the underlying offense. Expand access to the graduated reentry program that provides reentry services to individuals in partial confinement settings. This can happen by eliminating both the cap on time allowed in the program and the minimum number of days first spent in total confinement for certain offenses. Reduce the maximum number of days spent in jail for a violation of community supervision terms from 30 to 15. (Save \$182.7 million GF-S)

Expand reentry services

Provide increased support to individuals on community supervision. This can happen through expanded funding to community providers, increased staffing for case management and continuity of care, and development of a robust coaching model of supervision. A supportive approach to community custody helps individuals establish connections to communities and care providers, increasing the likelihood of successful reentry. Investments are patterned after aspects of a promising pilot program that the Department of Corrections and the King County Reentry Task Force implemented from 2015 to 2017. The program was funded by a federal Second Chance Act grant and Washington State University evaluated it. (\$34.5 million GF-S)

Increase staffing for safe and appropriate coverage

Increase staffing to account for appropriate levels of relief that the Department of Corrections' 24/7 facilities need. The

department will reduce reliance on mandatory overtime that was used for more than 1.1 million hours of coverage in fiscal year 2020. (\$16.4 million GF-S)

Invest in quality of care

Develop systems to improve the quality of health care for incarcerated individuals. This can happen through implementing an electronic health records system and staffing a health care delivery model focused on quality assurance, and expanded case management and care navigation. (\$6.7 million GF-S)

Support educational achievement

Continue expanding educational access for incarcerated individuals through increased access to secure internet for educational purposes and screen for learning disabilities and traumatic brain injuries. (\$3.3 million GF-S)

Department of Children, Youth and Families – Juvenile Rehabilitation

Expand behavioral health supports

Provide funding for substance use dependence professionals and dialectical behavioral therapy specialists at all juvenile rehabilitation facilities, and regionally at parole offices statewide. They will serve as care navigators to support behavioral health care for youth in all settings in the Juvenile Rehabilitation Program. This investment fully implements the dialectical behavioral therapy and substance use treatment components of DCYF's Integrated Treatment Model. (\$5.6 million GF-S)

Support successful youth reentry

Establish a community services transition program that uses less restrictive settings, and

invests in case management and community support services to facilitate successful youth reentry. This program uses expansion of electronic home monitoring as a partial confinement option for youth to undergo supervision and establish connections to support services in their home communities before release. (\$12.5 million GF-S)

Department of Health

Reduce suicide rates

Expand program support for the Action Alliance for Suicide Prevention recommendations. Washington has a greater suicide rate than many states and the COVID-19 pandemic and subsequent economic downturn have made suicide prevention more challenging. Funding will provide increased support for prevention, intervention, treatment and follow up for individuals and families across the state. (\$4.6 million GF-S)

Increase access to fruits and vegetables

Offer additional support for Special Supplemental Nutrition Program for Women, Infants, and Children farmers market nutrition programs. Also continue funding the Fruit and Vegetable Incentive Program to offer fruit and vegetable incentives to low-income individuals so they can use them at grocery stores and farmers markets. This provides more nutritious food for families while also supporting local food producers. (\$3 million GF-S)

Support HIV clients during COVID-19

Increased local spending authority will support clients with HIV or AIDS during the pandemic to comply with the federal Ryan White Care

Act. Meet current contractual obligations for services currently in place. Expand services to people living with HIV who have lost access to care because of the COVID-19 pandemic. (\$26.9 million GF-Local)

Department of Veterans Affairs

Support veteran-owned businesses

Support direct assistance and outreach to veterans and service members seeking to start businesses and become certified through the Veteran-Owned Business Certification Program. Our state economy is driven in large part by small businesses, many that are owned by veterans or service members. (\$230,000 GF-S)

Expand suicide prevention

Expand opportunities for suicide prevention infrastructure across the state. Funding will expand Veteran Peer Corps support network for suicide prevention. Direct four regional suicide prevention leads to develop sustainable network of support to prevent suicide. (\$898,000 GF-S)

Maintain Traumatic Brain Injury program

For the last 12 years, the Traumatic Brain Injury program has effectively helped keep veterans with traumatic brain injuries out of the justice and the behavioral health systems. It has also reduced the need for services that target suicide prevention, homelessness and domestic violence, and helps veterans succeed in higher education. Funding will help maintain this program. (\$466,000 GF-S)

Department of Labor and Industries

Create an Agricultural Safety Unit

Protect agricultural workers and employers by increasing outreach, enforcement and bilingual capacity by creating an agricultural safety unit. Labor & Industries will hire 13 staff who will perform compliance inspections and investigate incidents specific to the agricultural industry. The agency will also hire three staff to provide bilingual outreach to agricultural workers and employers to increase awareness of workplace safety, workers' compensation services, workplace rights, discrimination and other protections. (\$3.6 million Accident Account–State, \$876,000 Medical Aid Account–State)

Prepare for future infectious disease outbreaks

Initiate rulemaking on an infectious disease standard to protect workers from exposure on the job in the case of an outbreak. (\$530,000 Accident Account–State, \$94,000 Medical Aid Account–State)

Address worker protections

Increase protections against worker retaliation by lengthening the timeframe when a worker can file a complaint about retaliation, from 30 to 90 days. Establishes a penalty for employers who retaliate against an employee for reporting safety and health concerns. Funding covers a staffing increase to conduct additional investigations and process an increase in appeals. (\$310,000 Accident Account–State, \$63,000 Medical Aid Account–State)

Department of Services for the Blind

Support the Business Enterprise Program

Fund the Business Enterprise Program to consult with a food service architect. This architect will determine the feasibility and cost of potential remodels of cafes owned by participating visually impaired entrepreneurs to address the changing demand in dining expectations due to COVID-19. The department will prepare a report that includes recommendations, costs, and potential funding sources for remodels. (\$50,000 GF-S)

Employment Security Department

Address Unemployment Insurance backlog and user experience

Boost access for workers and reduce the number of unemployment insurance claimants waiting to receive benefits. The budgets include funds to hire additional staff who can process claims, provide more dual-language and translation support for individuals navigating the system, increase capacity to make technical enhancements that reduce user error, and increase security to minimize fraud. (Fiscal year 2021: \$6.8 million Unemployment Compensation Admin–Federal; 2021–23: \$7.4 million Unemployment Compensation Admin–Federal)

Economic recovery

Support economic recovery through the adjustment of unemployment insurance taxes. In addition, the Employment Security Department will increase the minimum weekly UI benefit amount to 20% of the average weekly wage, remove barriers to the Voluntary Contribution Program, remove retirement benefits from an automatic adjudication process, and be granted the flexibility during future public health emergencies to make necessary adjustments for delivering benefits. (\$685,000 Unemployment Compensation Admin–Federal)

Criminal Justice Training Commission – Washington Association of Sheriffs and Police Chiefs

Invest in policing change

Provide grant funding for local law enforcement jurisdictions to change approaches to policing. Grants are available for three purposes: to develop partnerships with mental health professionals for alternative emergency response; to divert individuals experiencing behavioral health and substance use disorders from arrest and jail; and to establish body camera programs. Funding is also provided to WASPC to establish a system to collect statewide data on police use of deadly force. (\$10.3 million GF-S)

Human Services/Capital

Behavioral Health

Department of Social and Health Services

New forensic hospital

Design a new 350-bed forensic hospital to be constructed on the site of South Hall (building 21) on the Western State Hospital campus. Includes funding for design work and demolition of South Hall. The civil patients in South Hall will be relocated to smaller, community-based facilities as part of the governor's plan to serve civil patients in the community. This will allow Western State Hospital to focus on providing forensic services. Other patients housed in South Hall may be relocated to other buildings at Western State Hospital. (\$51 million bonds)

Community civil capacity

Fund construction of two civil behavioral health facilities: a 16-bed, state-operated facility at Maple Lane in Centralia and a 48-bed, mixed-use facility in Clark County. These facilities will provide capacity as part of the governor's plan to transform the statewide behavioral health system by relocating civil patients from state hospitals to smaller, community-based facilities. (\$44.4 million bonds)

University of Washington

Behavioral health teaching hospital

Fund construction of a 150-bed teaching hospital at the University of Washington. This

will provide new behavioral health treatment capacity as well as build and cultivate a more robust behavioral health workforce. (\$191.2 million bonds)

Facilities that serve incarcerated youth

Department of Children, Youth, and Families

Green Hill School recreation building replacement

Construct a modern recreation building that will provide a dynamic therapeutic and physical exercise area. The existing building's configuration makes it difficult for staff to effectively supervise incarcerated youth. (\$32.9 million bonds)

Capacity building projects

Renovate and remodel two living units to create sufficient space in Department of Children, Youth, and Families juvenile facilities. These projects will accommodate the population increase from new laws that divert incarcerated youth from the adult to the juvenile system. In addition, funding will purchase a group home in the community to maintain the continuum of care for justice-involved youth. (\$13.5 million bonds)

Facilities that serve individuals with developmental disabilities

Department of Social and Health Services

Fircrest School nursing facilities replacement

Design and construct a new 120-bed nursing facility at Fircrest School in Shoreline. Fircrest provides nursing care for clients with intellectual and physical disabilities. The buildings where nursing clients are now housed contain failing water, sewer and electrical systems, and their configuration does not comply with 1:1 bedroom-to-client ratio requirements. The funding will also cover demolition of the failing buildings. (\$7.7 million bonds; \$112 million other)

Fircrest School active treatment building renovation

Renovate a building on the Fircrest campus to provide habilitative programming and recreation opportunities. Programming and recreation functions will be relocated from the aging buildings where they are currently located to provide an improved experience for clients. (\$38 million bonds)