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Decision Packages

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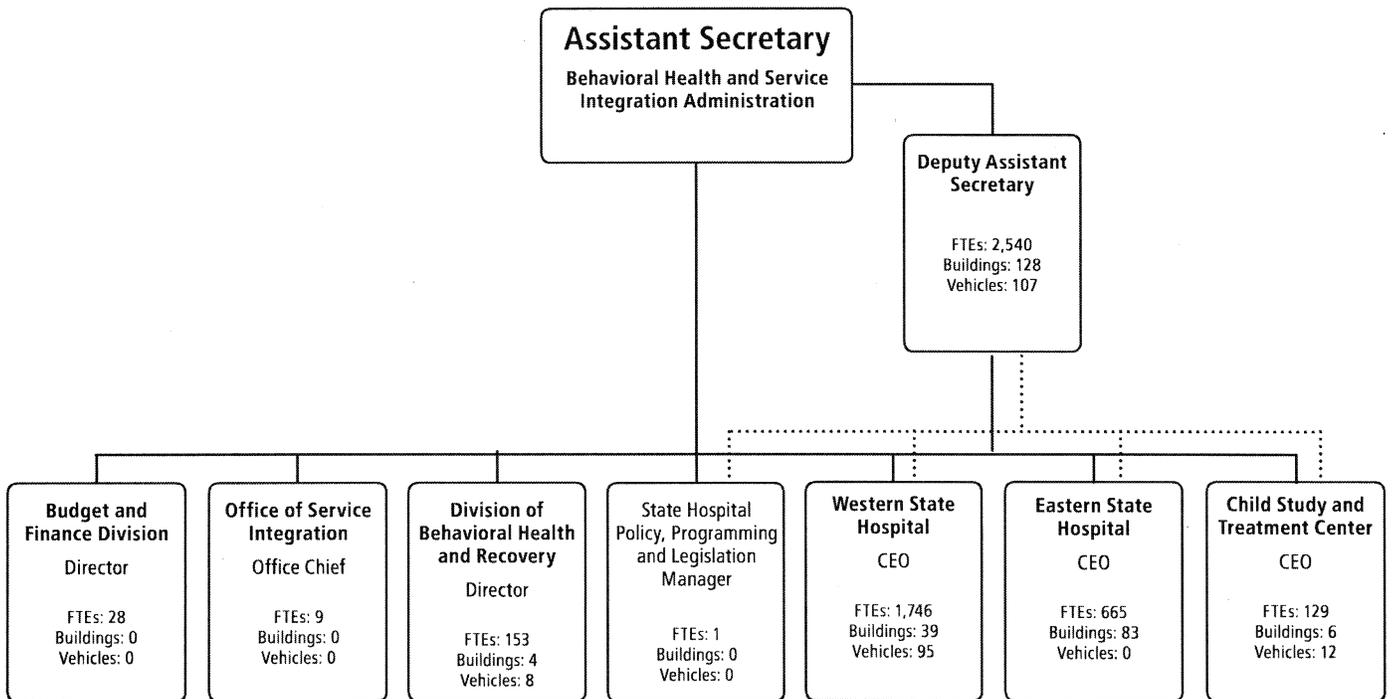


**BHSIA -  
Mental Health  
Division  
Program 030**

***DSHS Budget Division***

**030 – Section 1  
Organization Chart**

# Department of Social and Health Services Behavioral Health and Service Integration Administration







# Recommendation Summary

Budget Period:2015-17

Version: C1 - 030 2015-17 Final 2-YR LEG Budget

Budget Level Criteria: ALL

| Dollars in Thousands                                  |                                     | Agency<br>Priority | Annual<br>Avg FTEs | General<br>Fund State | Other Funds      | Total Funds      |
|---|-------------------------------------|--------------------|--------------------|-----------------------|------------------|------------------|
| <b>CB - Current Biennium</b>                          |                                     |                    |                    |                       |                  |                  |
| 00  | Current Biennium Base               | 0                  | 2,686.6            | 941,691               | 918,591          | 1,860,282        |
| SubTotal CB   |                                     |                    | <u>2,686.6</u>     | <u>941,691</u>        | <u>918,591</u>   | <u>1,860,282</u> |
| Cumulative Total Thru CB                              |                                     |                    | <u>2,686.6</u>     | <u>941,691</u>        | <u>918,591</u>   | <u>1,860,282</u> |
| <b>CL - Carry Forward Level</b>                       |                                     |                    |                    |                       |                  |                  |
| 02  | Carry Forward Adjustments           | 0                  | 4.1                | (4,516)               | 108,447          | 103,931          |
| SubTotal CL   |                                     |                    | <u>4.1</u>         | <u>(4,516)</u>        | <u>108,447</u>   | <u>103,931</u>   |
| Cumulative Total Thru CL                              |                                     |                    | <u>2,690.7</u>     | <u>937,175</u>        | <u>1,027,038</u> | <u>1,964,213</u> |
| <b>M1 - Mandatory Caseload and Enrollment Changes</b> |                                     |                    |                    |                       |                  |                  |
| 90  | Maintenance Level Revenue           | 0                  | 0.0                | 0                     | 0                | 0                |
| 93  | Mandatory Caseload Adjustments      | 0                  | 0.0                | 0                     | 0                | 0                |
| SubTotal M1   |                                     |                    | <u>0.0</u>         | <u>0</u>              | <u>0</u>         | <u>0</u>         |
| Cumulative Total Thru M1                              |                                     |                    | <u>2,690.7</u>     | <u>937,175</u>        | <u>1,027,038</u> | <u>1,964,213</u> |
| <b>M2 - Inflation and Other Rate Changes</b>          |                                     |                    |                    |                       |                  |                  |
| 30  | T.R. Implementation                 | 0                  | 0.0                | 16,552                | 16,553           | 33,105           |
| 33  | EMR-ICD10 Maintenance & Operations  | 0                  | 0.0                | 5,776                 | 0                | 5,776            |
| 34  | Align Funding with ICD-10 Imp.      | 0                  | 0.0                | 2,003                 | 0                | 2,003            |
| 35  | Hep C Treatment                     | 0                  | 0.0                | 2,880                 | 0                | 2,880            |
| 39  | Nursing Hours for Required Training | 0                  | 12.4               | 1,669                 | 0                | 1,669            |
| 3B  | JLARC Statutory Compliance          | 0                  | 3.0                | 828                   | 0                | 828              |
| 3C  | Hospital Revenue                    | 0                  | 0.0                | 500                   | (500)            | 0                |
| 3D  | RSN Rate Update                     | 0                  | 0.0                | 0                     | 0                | 0                |
| 3F  | Competency Restoration Ward         | 0                  | 53.1               | 11,722                | 0                | 11,722           |
| 3I  | Hospital Shortfall                  | 0                  | 0.0                | 11,408                | 0                | 11,408           |
| 3J  | Single Bed Certification            | 0                  | 0.0                | 0                     | 0                | 0                |
| 8L  | Lease Rate Adjustments              | 0                  | 0.0                | (70)                  | (5)              | (75)             |
| 8M  | Mileage Rate Adjustments            | 0                  | 0.0                | 8                     | 0                | 8                |
| 8P  | Postage Rate Adjustments            | 0                  | 0.0                | 16                    | 0                | 16               |
| 8X  | Facility Maintenance Costs          | 0                  | 0.0                | 533                   | 39               | 572              |
| 9G  | Workers Comp Base Correction        | 0                  | 0.0                | 2,378                 | 175              | 2,553            |
| 9S  | Equipment Replacement Costs         | 0                  | 0.0                | 64                    | 0                | 64               |
| 9T  | Transfers                           | 0                  | 0.0                | 936                   | 78               | 1,014            |
| SubTotal M2   |                                     |                    | <u>68.5</u>        | <u>57,203</u>         | <u>16,340</u>    | <u>73,543</u>    |
| Cumulative Total Thru M2                              |                                     |                    | <u>2,759.2</u>     | <u>994,378</u>        | <u>1,043,378</u> | <u>2,037,756</u> |
| <b>PL - Performance Level</b>                         |                                     |                    |                    |                       |                  |                  |
| E4  | PALS                                | 0                  | 0.0                | (10,400)              | 0                | (10,400)         |
| E6  | Offender Reentry Community Safety   | 0                  | 0.0                | (3,620)               | 0                | (3,620)          |
| E8  | Criminal Incompetency               | 0                  | 0.0                | (550)                 | (372)            | (922)            |
| R0  | Enhanced Training for Hosp Staff    | 0                  | 20.4               | 3,902                 | 0                | 3,902            |
| R1  | Psych. Intensive Care Unit (PICU)   | 0                  | 22.8               | 3,923                 | 0                | 3,923            |
| R2  | Psychiatric Emergency Response Team | 0                  | 23.0               | 3,668                 | 0                | 3,668            |
| R6  | Criminal Incompetency               | 0                  | 0.0                | 550                   | 372              | 922              |
| R8  | Offender Reentry Community Safety   | 0                  | 0.0                | 3,620                 | 0                | 3,620            |
| RA  | PALS                                | 0                  | 0.0                | 10,400                | 0                | 10,400           |
| RF  | JLARC Recommendations               | 0                  | 2.0                | 467                   | 35               | 502              |

## Recommendation Summary

Budget Period: 2015-17  
**Budget Level Criteria: ALL**

Version: C1 - 030 2015-17 Final 2-YR LEG Budget

| Dollars in Thousands          | Agency<br>Priority              | Annual<br>Avg FTEs | General<br>Fund State | Other Funds      | Total Funds      |
|-------------------------------|---------------------------------|--------------------|-----------------------|------------------|------------------|
| <b>PL - Performance Level</b> |                                 |                    |                       |                  |                  |
| RG Hospital Staffing Levels   | 0                               | 0.0                | 0                     | 0                | 0                |
|                               | <b>SubTotal PL</b>              | <b>68.2</b>        | <b>11,960</b>         | <b>35</b>        | <b>11,995</b>    |
|                               | <b>Cumulative Total Thru PL</b> | <b>2,827.4</b>     | <b>1,006,338</b>      | <b>1,043,413</b> | <b>2,049,751</b> |
| <b>Total Proposed Budget</b>  |                                 | <b>2,827.4</b>     | <b>1,006,338</b>      | <b>1,043,413</b> | <b>2,049,751</b> |

# Recommendation Summary

Version: C1 - 030 2015-17 Final 2-YR LEG Budget

Budget Period:2015-17  
 Budget Level Criteria: ALL

| Dollars in Thousands  | Program Priority                  | Annual Avg FTEs | General Fund State | Other Funds    | Total Funds      |
|---|-----------------------------------|-----------------|--------------------|----------------|------------------|
| <b>Program 030 - BHSIA - Mental Health</b>                            |                                   |                 |                    |                |                  |
| <b>SubProgram 1000 - Community Services</b>                           |                                   |                 |                    |                |                  |
| <b>CB - Current Biennium</b>  |                                   |                 |                    |                |                  |
| 00  | Current Biennium Base             | 0               | 657,735            | 683,977        | 1,341,712        |
|   | <b>SubTotal CB</b>                | <b>0.0</b>      | <b>657,735</b>     | <b>683,977</b> | <b>1,341,712</b> |
|   | <b>Cumulative Total Thru CB</b>   | <b>0.0</b>      | <b>657,735</b>     | <b>683,977</b> | <b>1,341,712</b> |
| <b>CL - Carry Forward Level</b>                                       |                                   |                 |                    |                |                  |
| 02  | Carry Forward Adjustments         | 0               | 2,514              | 104,946        | 107,460          |
|   | <b>SubTotal CL</b>                | <b>0.0</b>      | <b>2,514</b>       | <b>104,946</b> | <b>107,460</b>   |
|   | <b>Cumulative Total Thru CL</b>   | <b>0.0</b>      | <b>660,249</b>     | <b>788,923</b> | <b>1,449,172</b> |
| <b>M2 - Inflation and Other Rate Changes</b>                          |                                   |                 |                    |                |                  |
| 30  | T.R. Implementation               | 0               | 16,552             | 16,553         | 33,105           |
| 3D  | RSN Rate Update                   | 0               | 0                  | 0              | 0                |
|   | <b>SubTotal M2</b>                | <b>0.0</b>      | <b>16,552</b>      | <b>16,553</b>  | <b>33,105</b>    |
|   | <b>Cumulative Total Thru M2</b>   | <b>0.0</b>      | <b>676,801</b>     | <b>805,476</b> | <b>1,482,277</b> |
| <b>PL - Performance Level</b>   |                                   |                 |                    |                |                  |
| E4  | PALS                              | 0               | (10,400)           | 0              | (10,400)         |
| E6  | Offender Reentry Community Safety | 0               | (3,620)            | 0              | (3,620)          |
| E8  | Criminal Incompetency             | 0               | (550)              | (372)          | (922)            |
| R6  | Criminal Incompetency             | 0               | 550                | 372            | 922              |
| R8  | Offender Reentry Community Safety | 0               | 3,620              | 0              | 3,620            |
| RA  | PALS                              | 0               | 10,400             | 0              | 10,400           |
|   | <b>SubTotal PL</b>                | <b>0.0</b>      | <b>0</b>           | <b>0</b>       | <b>0</b>         |
|   | <b>Cumulative Total Thru PL</b>   | <b>0.0</b>      | <b>676,801</b>     | <b>805,476</b> | <b>1,482,277</b> |
| <b>Total Proposed Budget for SubProgram 1000 - Community Services</b> |                                   | <b>0.0</b>      | <b>676,801</b>     | <b>805,476</b> | <b>1,482,277</b> |

## Recommendation Summary

Budget Period: 2015-17  
 Budget Level Criteria: ALL

Version: C1 - 030 2015-17 Final 2-YR LEG Budget

| Dollars in Thousands   | Program<br>Priority                 | Annual<br>Avg FTEs | General<br>Fund State | Other Funds    | Total Funds    |                |
|--|-------------------------------------|--------------------|-----------------------|----------------|----------------|----------------|
| <b>Program 030 - BHSIA - Mental Health</b>                                       |                                     |                    |                       |                |                |                |
| <b>SubProgram 2000 - State Facilities Services</b>                               |                                     |                    |                       |                |                |                |
| <b>CB - Current Biennium</b>   |                                     |                    |                       |                |                |                |
| 00   | Current Biennium Base               | 0                  | 2,602.8               | 268,667        | 217,796        | 486,463        |
|  | <b>SubTotal CB</b>                  |                    | <b>2,602.8</b>        | <b>268,667</b> | <b>217,796</b> | <b>486,463</b> |
|  | <b>Cumulative Total Thru CB</b>     |                    | <b>2,602.8</b>        | <b>268,667</b> | <b>217,796</b> | <b>486,463</b> |
| <b>CL - Carry Forward Level</b>  |                                     |                    |                       |                |                |                |
| 02   | Carry Forward Adjustments           | 0                  | 0.0                   | (7,927)        | 2,446          | (5,481)        |
|  | <b>SubTotal CL</b>                  |                    | <b>0.0</b>            | <b>(7,927)</b> | <b>2,446</b>   | <b>(5,481)</b> |
|  | <b>Cumulative Total Thru CL</b>     |                    | <b>2,602.8</b>        | <b>260,740</b> | <b>220,242</b> | <b>480,982</b> |
| <b>M2 - Inflation and Other Rate Changes</b>                                     |                                     |                    |                       |                |                |                |
| 33   | EMR-ICD10 Maintenance & Operations  | 0                  | 0.0                   | 5,776          | 0              | 5,776          |
| 34   | Align Funding with ICD-10 Imp.      | 0                  | 0.0                   | 2,003          | 0              | 2,003          |
| 35   | Hep C Treatment                     | 0                  | 0.0                   | 2,880          | 0              | 2,880          |
| 39   | Nursing Hours for Required Training | 0                  | 12.4                  | 1,669          | 0              | 1,669          |
| 3B   | JLARC Statutory Compliance          | 0                  | 3.0                   | 828            | 0              | 828            |
| 3C   | Hospital Revenue                    | 0                  | 0.0                   | 500            | (500)          | 0              |
| 3F   | Competency Restoration Ward         | 0                  | 53.1                  | 11,722         | 0              | 11,722         |
| 3I   | Hospital Shortfall                  | 0                  | 0.0                   | 10,312         | 0              | 10,312         |
| 8X   | Facility Maintenance Costs          | 0                  | 0.0                   | 533            | 39             | 572            |
| 9G   | Workers Comp Base Correction        | 0                  | 0.0                   | 2,301          | 169            | 2,470          |
| 9S   | Equipment Replacement Costs         | 0                  | 0.0                   | 64             | 0              | 64             |
| 9T   | Transfers                           | 0                  | 0.0                   | 890            | 74             | 964            |
|  | <b>SubTotal M2</b>                  |                    | <b>68.5</b>           | <b>39,478</b>  | <b>(218)</b>   | <b>39,260</b>  |
|  | <b>Cumulative Total Thru M2</b>     |                    | <b>2,671.3</b>        | <b>300,218</b> | <b>220,024</b> | <b>520,242</b> |
| <b>PL - Performance Level</b>  |                                     |                    |                       |                |                |                |
| R0   | Enhanced Training for Hosp Staff    | 0                  | 20.4                  | 3,902          | 0              | 3,902          |
| R1   | Psych. Intensive Care Unit (PICU)   | 0                  | 22.8                  | 3,923          | 0              | 3,923          |
| R2   | Psychiatric Emergency Response Team | 0                  | 23.0                  | 3,668          | 0              | 3,668          |
| RF   | JLARC Recommendations               | 0                  | 2.0                   | 467            | 35             | 502            |
| RG   | Hospital Staffing Levels            | 0                  | 0.0                   | 0              | 0              | 0              |
|  | <b>SubTotal PL</b>                  |                    | <b>68.2</b>           | <b>11,960</b>  | <b>35</b>      | <b>11,995</b>  |
|  | <b>Cumulative Total Thru PL</b>     |                    | <b>2,739.5</b>        | <b>312,178</b> | <b>220,059</b> | <b>532,237</b> |
| <b>Total Proposed Budget for SubProgram<br/>2000 - State Facilities Services</b> |                                     |                    | <b>2,739.5</b>        | <b>312,178</b> | <b>220,059</b> | <b>532,237</b> |

# Recommendation Summary

Version: C1 - 030 2015-17 Final 2-YR LEG Budget

Budget Period: 2015-17  
 Budget Level Criteria: ALL

| Dollars in Thousands   | Program Priority                | Annual Avg FTEs | General Fund State | Other Funds  | Total Funds    |
|--|---------------------------------|-----------------|--------------------|--------------|----------------|
| <b>Program 030 - BHSIA - Mental Health</b>                                       |                                 |                 |                    |              |                |
| <b>SubProgram 8000 - Special Projects &amp; Grants</b>                           |                                 |                 |                    |              |                |
| <b>CB - Current Biennium</b>   |                                 |                 |                    |              |                |
| 00   | Current Biennium Base           | 0               | 2,064              | 6,286        | 8,350          |
|  | <b>SubTotal CB</b>              | <b>3.1</b>      | <b>2,064</b>       | <b>6,286</b> | <b>8,350</b>   |
|  | <b>Cumulative Total Thru CB</b> | <b>3.1</b>      | <b>2,064</b>       | <b>6,286</b> | <b>8,350</b>   |
| <b>CL - Carry Forward Level</b>  |                                 |                 |                    |              |                |
| 02   | Carry Forward Adjustments       | 0               | (1,161)            | 0            | (1,161)        |
|  | <b>SubTotal CL</b>              | <b>0.0</b>      | <b>(1,161)</b>     | <b>0</b>     | <b>(1,161)</b> |
|  | <b>Cumulative Total Thru CL</b> | <b>3.1</b>      | <b>903</b>         | <b>6,286</b> | <b>7,189</b>   |
| <b>M2 - Inflation and Other Rate Changes</b>                                     |                                 |                 |                    |              |                |
| 3I   | Hospital Shortfall              | 0               | 1,096              | 0            | 1,096          |
| 9G   | Workers Comp Base Correction    | 0               | 2                  | 0            | 2              |
|  | <b>SubTotal M2</b>              | <b>0.0</b>      | <b>1,098</b>       | <b>0</b>     | <b>1,098</b>   |
|  | <b>Cumulative Total Thru M2</b> | <b>3.1</b>      | <b>2,001</b>       | <b>6,286</b> | <b>8,287</b>   |
| <b>Total Proposed Budget for SubProgram 8000 - Special Projects &amp; Grants</b> |                                 | <b>3.1</b>      | <b>2,001</b>       | <b>6,286</b> | <b>8,287</b>   |

## Recommendation Summary

Budget Period: 2015-17  
**Budget Level Criteria: ALL**

Version: C1 - 030 2015-17 Final 2-YR LEG Budget

| Dollars in Thousands   | Program<br>Priority          | Annual<br>Avg FTEs | General<br>Fund State | Other Funds   | Total Funds   |               |
|--|------------------------------|--------------------|-----------------------|---------------|---------------|---------------|
| <b>Program 030 - BHSIA - Mental Health</b>                                       |                              |                    |                       |               |               |               |
| <b>SubProgram 9000 - Headquarters Prog Support</b>                               |                              |                    |                       |               |               |               |
| <b>CB - Current Biennium</b>   |                              |                    |                       |               |               |               |
| 00   | Current Biennium Base        | 0                  | 80.7                  | 13,225        | 10,532        | 23,757        |
|  | SubTotal CB                  |                    | <u>80.7</u>           | <u>13,225</u> | <u>10,532</u> | <u>23,757</u> |
|  | Cumulative Total Thru CB     |                    | <u>80.7</u>           | <u>13,225</u> | <u>10,532</u> | <u>23,757</u> |
| <b>CL - Carry Forward Level</b>  |                              |                    |                       |               |               |               |
| 02   | Carry Forward Adjustments    | 0                  | 4.1                   | 2,084         | 1,055         | 3,139         |
|  | SubTotal CL                  |                    | <u>4.1</u>            | <u>2,084</u>  | <u>1,055</u>  | <u>3,139</u>  |
|  | Cumulative Total Thru CL     |                    | <u>84.8</u>           | <u>15,309</u> | <u>11,587</u> | <u>26,896</u> |
| <b>M2 - Inflation and Other Rate Changes</b>                                     |                              |                    |                       |               |               |               |
| 8L   | Lease Rate Adjustments       | 0                  | 0.0                   | (70)          | (5)           | (75)          |
| 8M   | Mileage Rate Adjustments     | 0                  | 0.0                   | 8             | 0             | 8             |
| 8P   | Postage Rate Adjustments     | 0                  | 0.0                   | 16            | 0             | 16            |
| 9G   | Workers Comp Base Correction | 0                  | 0.0                   | 75            | 6             | 81            |
| 9T   | Transfers                    | 0                  | 0.0                   | 46            | 4             | 50            |
|  | SubTotal M2                  |                    | <u>0.0</u>            | <u>75</u>     | <u>5</u>      | <u>80</u>     |
|  | Cumulative Total Thru M2     |                    | <u>84.8</u>           | <u>15,384</u> | <u>11,592</u> | <u>26,976</u> |
| <b>Total Proposed Budget for SubProgram<br/>9000 - Headquarters Prog Support</b> |                              |                    | <u>84.8</u>           | <u>15,384</u> | <u>11,592</u> | <u>26,976</u> |

# Recommendation Summary

Budget Period: 2015-17  
Budget Level Criteria: ALL

Version: C1 - 030 2015-17 Final 2-YR LEG Budget

| Dollars in Thousands   | Program<br>Priority | Annual<br>Avg FTEs | General<br>Fund State | Other Funds      | Total Funds      |
|--|---------------------|--------------------|-----------------------|------------------|------------------|
| <b>Program 030 - BHSIA - Mental Health</b>                               |                     |                    |                       |                  |                  |
| <b>Total Proposed Budget for Program<br/>030 - BHSIA - Mental Health</b> |                     | <b>2,827.4</b>     | <b>1,006,338</b>      | <b>1,043,413</b> | <b>2,049,751</b> |





## Recommendation Summary

Budget Period: 2015-17

Version: C1 - 030 2015-17 Final 2-YR LEG Budget

Budget Level Criteria: M1+M2

| Dollars in Thousands                                  | Agency<br>Priority                  | Annual<br>Avg FTEs | General<br>Fund State | Other Funds   | Total Funds   |
|---|-------------------------------------|--------------------|-----------------------|---------------|---------------|
| <b>M1 - Mandatory Caseload and Enrollment Changes</b> |                                     |                    |                       |               |               |
| 93  | Mandatory Caseload Adjustments      | 0                  | 0.0                   | 0             | 0             |
|   | <b>SubTotal M1</b>                  | <b>0</b>           | <b>0.0</b>            | <b>0</b>      | <b>0</b>      |
| <b>M2 - Inflation and Other Rate Changes</b>          |                                     |                    |                       |               |               |
| 30  | T.R. Implementation                 | 0                  | 0.0                   | 16,552        | 16,553        |
| 33  | EMR-ICD10 Maintenance & Operations  | 0                  | 0.0                   | 5,776         | 5,776         |
| 34  | Align Funding with ICD-10 Imp.      | 0                  | 0.0                   | 2,003         | 2,003         |
| 35  | Hep C Treatment                     | 0                  | 0.0                   | 2,880         | 2,880         |
| 39  | Nursing Hours for Required Training | 0                  | 12.4                  | 1,669         | 1,669         |
| 3B  | JLARC Statutory Compliance          | 0                  | 3.0                   | 828           | 828           |
| 3C  | Hospital Revenue                    | 0                  | 0.0                   | 500           | (500)         |
| 3D  | RSN Rate Update                     | 0                  | 0.0                   | 0             | 0             |
| 3F  | Competency Restoration Ward         | 0                  | 53.1                  | 11,722        | 11,722        |
| 3I  | Hospital Shortfall                  | 0                  | 0.0                   | 11,408        | 11,408        |
| 3J  | Single Bed Certification            | 0                  | 0.0                   | 0             | 0             |
| 8L  | Lease Rate Adjustments              | 0                  | 0.0                   | (70)          | (75)          |
| 8M  | Mileage Rate Adjustments            | 0                  | 0.0                   | 8             | 8             |
| 8P  | Postage Rate Adjustments            | 0                  | 0.0                   | 16            | 16            |
| 8X  | Facility Maintenance Costs          | 0                  | 0.0                   | 533           | 39            |
| 9G  | Workers Comp Base Correction        | 0                  | 0.0                   | 2,378         | 175           |
| 9S  | Equipment Replacement Costs         | 0                  | 0.0                   | 64            | 0             |
| 9T  | Transfers                           | 0                  | 0.0                   | 936           | 78            |
|   | <b>SubTotal M2</b>                  | <b>0</b>           | <b>68.5</b>           | <b>57,203</b> | <b>16,340</b> |
| <b>Total Proposed M1+M2 Budget</b>                    |                                     |                    | <b>68.5</b>           | <b>57,203</b> | <b>16,340</b> |
|   |                                     |                    | <b>73,543</b>         | <b>73,543</b> | <b>73,543</b> |

Department of Social and Health Services

**DP Code/Title: M1-93 Mandatory Caseload Adjustments**  
**Program Level - 030 BHSIA - Mental Health**

Budget Period: 2015-17 Version: C1 030 2015-17 Final 2-YR LEG Budget

**Recommendation Summary Text:**

The Behavioral Health Service Integration Administration (BHSIA) requests funding for an adjustment to reflect the changes in the number of Medicaid eligible clients based in the June 2014 Caseload forecast.

**Fiscal Detail:**

Operating Expenditures

FY 1

FY 2

Total

**Overall Funding**

*Program Cost*

**Total Cost**

Staffing

**Package Description:**

Funding for the mental health community-based services is based on the number of Washington State Medicaid eligible clients. An annual funding adjustment is required to reflect changes in the number of Medicaid eligible clients based on the June 2014 Caseload Forecast.

Agency Contact: Martha Brenna (360) 902-8194  
 Program Contact: Sara Corbin (360) 725-3749

**Narrative Justification and Impact Statement**

*What specific performance outcomes does the agency expect?*

*Performance Measure Detail*

**Agency Level**

**Activity: C017 Community Mental Health Prepaid Health Services**  
 No measures linked to package

**Incremental Changes**

FY 1

FY 2

0.00

0.00

*Is this decision package essential to implement a strategy identified in the agency's strategic plan?*

The budget request supports DSHS Goal:

- 1: Health - Each individual and each community will be healthy
- 2: Safety - Each individual and each community will be safe
- 3: Protection - Each individual who is vulnerable will be protected
- 4: Quality of Life - Each individual in need will be supported to attain the highest possible quality of life

*Does this decision package provide essential support to one or more of the Governor's Results Washington priorities?*

This decision package supports the Results Washington goals to:

Goal 4: Healthy and Safe Communities - Fostering the health of Washingtonians from a healthy start to a safe and supported future.

Department of Social and Health Services

**DP Code/Title: M1-93 Mandatory Caseload Adjustments**

**Program Level - 030 BHSIA - Mental Health**

Budget Period: 2015-17 Version: C1 030 2015-17 Final 2-YR LEG Budget

Goal 5: Effective, Efficient and Accountable Government - Fostering a Lean culture that drive accountability and results for the people of Washington. and  
 --Help the most vulnerable people become independent and self-sufficient.

*What are the other important connections or impacts related to this proposal?*

Clients will continue to receive benefits and assistance.

*What alternatives were explored by the agency, and why was this alternative chosen?*

The June 2014 forecast necessitates a change in the funding provided for the forecast programs.

*What are the consequences of adopting or not adopting this package?*

If this request is not funded, persons eligible for services will not receive them.

*What is the relationship, if any, to the state's capital budget?*

This request has no impact on the capital budget.

*What changes would be required to existing statutes, rules, or contracts, in order to implement the change?*

Contracts will need to be amended to incorporate revised funding levels.

*Expenditure and revenue calculations and assumptions*

The cost will be determined after the RSN rate and forecast model is updated for the changes in the forecasting methodology that resulted from implementation of Health Care Reform.

*Which costs and functions are one-time? Which are ongoing? What are the budget impacts in future biennia?*

All costs are ongoing and will be carried forward into future biennia based on future caseload forecasts.

| <u>Object Detail</u> | <u>FY 1</u> | <u>FY 2</u> | <u>Total</u> |
|----------------------|-------------|-------------|--------------|
| Overall Funding      |             |             |              |

Program Totals

**DSHS Source Code Detail**

| <u>Overall Funding</u> | <u>FY 1</u> | <u>FY 2</u> | <u>Total</u> |
|------------------------|-------------|-------------|--------------|
| Fund ,                 |             |             |              |
| <u>Sources Title</u>   |             |             |              |

*Total for Fund*

**Total Overall Funding**

**Totals for all funds**

Department of Social and Health Services

**DP Code/Title: M2-30 T.R. Implementation**  
**Program Level - 030 BHSIA - Mental Health**

Budget Period: 2015-17 Version: C1 030 2015-17 Final 2-YR LEG Budget

**Recommendation Summary Text:**

The Behavioral Health and Service Integration Administration (BHSIA) requests intensive mental health services for high needs youth in order continue to implement the commitments set forth in the T.R. Settlement Agreement. By funding this request, BHSIA is expected to accomplish the year three and four commitments set forth in the T.R. Settlement Agreement and provide services.

**Fiscal Detail:**

**Operating Expenditures**

|   | <b>FY 1</b>      | <b>FY 2</b>       | <b>Total</b>      |
|---|------------------|-------------------|-------------------|
| <b>Overall Funding</b>                              |                  |                   |                   |
| 001-1 General Fund - Basic Account-State            | 4,304,000        | 12,248,000        | 16,552,000        |
| 001-C General Fund - Basic Account-Medicaid Federal | 4,304,000        | 12,249,000        | 16,553,000        |
| <b>Total Cost</b>                                   | <b>8,608,000</b> | <b>24,497,000</b> | <b>33,105,000</b> |

**Staffing**

**Package Description:**

**EPSDT and Litigation History**

T.R. v. Dreyfus is a federal class action filed on behalf of all Medicaid-eligible youth requiring intensive mental health treatment. The lawsuit claims that our state Medicaid system is not providing sufficient intensive mental health services in the community, resulting in unnecessary institutionalization of mentally ill youth ( through age 21).

--The Early Periodic Screening Diagnosis and Treatment (EPSDT) provision of the federal Medicaid statute requires States to provide all medically necessary Medicaid-covered services to youth up to the age of 21, regardless of whether the services are covered under the Medicaid state plan, 42 U.S.C. § 1396d(r)(5). Intensive Home and Community Based Mental Health Services can be covered by Medicaid as a "rehabilitative service," 42 U.S.C. § 1396d(a)(13). These services fit within the broad rehabilitative definitions of Washington's Medicaid state plan. Therefore, no state plan amendment is necessary.

--The lawsuit is also brought under the Americans with Disabilities Act, which requires States and local governments to provide services in the most integrated and least restrictive settings. Community-based services are now legally required where institutional settings such as inpatient hospitalization or staffed residential homes used to be the norm. See Olmstead v. L.C., ex rel Zimring, 527 U.S. 581 (1999).

--Numerous States have been subject to lawsuits where plaintiffs have sought coverage of intensive home and community based mental health services. The other states include Arizona, Arkansas, California, Idaho, Louisiana, Massachusetts, Mississippi and Tennessee.

**Children Served and Services Included in the Settlement Agreement**

--The class includes youth in need of intensive mental health treatment who are in out of home placement or treatment, or who are at risk of needing such placement or treatment without access to intensive mental health treatment.

--An evidence-based screening tool, called "CANS" will determine which children will benefit from intensive home and community based services.

--The covered services include clinically relevant and cost-effective intensive home and community-based interventions, provided through an evidence based process called Wraparound. The program will be known as Wraparound with Intensive Services (WISe), and will specifically include:

- 1)Intensive Care Coordination;
- 2)Intensive Home and Community based services; and

Department of Social and Health Services

**DP Code/Title: M2-30 T.R. Implementation**  
**Program Level - 030 BHSIA - Mental Health**

Budget Period: 2015-17 Version: C1 030 2015-17 Final 2-YR LEG Budget

3)Mobile Crisis Intervention and Stabilization services.

Agency Contact: Martha Brenna (360) 902-8194  
Program Contact: Melissa Clarey (360) 725-1675

**Narrative Justification and Impact Statement**

*What specific performance outcomes does the agency expect?*

***Performance Measure Detail***

**Agency Level**

**Activity: C017 Community Mental Health Prepaid Health Services**

No measures linked to package

**Incremental Changes**

| <b>FY 1</b> | <b>FY 2</b> |
|-------------|-------------|
| 0.00        | 0.00        |

*Is this decision package essential to implement a strategy identified in the agency's strategic plan?*

The budget request supports DSHS Goal

1: Health - Each individual and each community will be healthy

The decision package is essential to implementing the BHSIA's Strategic Objective 1.3: Increase the number of youth (under age 18) receiving outpatient mental health services while maintaining or decreasing current inpatient utilization levels.

*Does this decision package provide essential support to one or more of the Governor's Results Washington priorities?*

This decision package supports the Results Washington goals to:

Goal 4: Healthy and Safe Communities - Fostering the health of Washingtonians from a healthy start to a safe and supported future.

*What are the other important connections or impacts related to this proposal?*

Implementation of the T.R. Settlement will have far reaching impacts across the child serving system. The state partners most affected (Health Care Authority, Children's Administration, and Juvenile Justice and Rehabilitation Administration) have been involved in the settlement process. Both providers and Regional Support Networks will have major impacts to the services they provide. BHSIA will develop an implementation and communication plan to fully address the impacts to all affected groups.

*What alternatives were explored by the agency, and why was this alternative chosen?*

The request cannot be absorbed within existing resources for the following reason: the increase in client services cannot be absorbed within existing resources.

*What are the consequences of adopting or not adopting this package?*

If this request is not funded, the department will be out of compliance with the settlement which could cause further higher court ordered costs.

*What is the relationship, if any, to the state's capital budget?*

This request has no impact on the capital budget.

**Department of Social and Health Services**

**DP Code/Title: M2-30 T.R. Implementation**

**Program Level - 030 BHSIA - Mental Health**

Budget Period: 2015-17 Version: C1 030 2015-17 Final 2-YR LEG Budget

*What changes would be required to existing statutes, rules, or contracts, in order to implement the change?*

This request has no impact to existing statutes, rules or contracts

*Expenditure and revenue calculations and assumptions*

See attachment: 030 BHSIA TR Settlement Implementation.xlsx

*Which costs and functions are one-time? Which are ongoing? What are the budget impacts in future biennia?*

These costs are ongoing and will carry forward into future biennia.

| <u>Object Detail</u>                 | <u>FY 1</u> | <u>FY 2</u> | <u>Total</u> |
|--------------------------------------|-------------|-------------|--------------|
| <b>Overall Funding</b>               |             |             |              |
| N Grants, Benefits & Client Services | 8,608,000   | 24,497,000  | 33,105,000   |

**DSHS Source Code Detail**

| <u>Overall Funding</u>   | <u>FY 1</u>      | <u>FY 2</u>       | <u>Total</u>      |
|--|------------------|-------------------|-------------------|
| <b>Fund 001-1, General Fund - Basic Account-State</b>            |                  |                   |                   |
| <u>Sources Title</u>   |                  |                   |                   |
| 0011 General Fund State  | 4,304,000        | 12,248,000        | 16,552,000        |
| <i>Total for Fund 001-1</i>                                      | <u>4,304,000</u> | <u>12,248,000</u> | <u>16,552,000</u> |
| <b>Fund 001-C, General Fund - Basic Account-Medicaid Federal</b> |                  |                   |                   |
| <u>Sources Title</u>   |                  |                   |                   |
| 19UL Title XIX Admin (50%)                                       | 4,304,000        | 12,249,000        | 16,553,000        |
| <i>Total for Fund 001-C</i>                                      | <u>4,304,000</u> | <u>12,249,000</u> | <u>16,553,000</u> |
| <b>Total Overall Funding</b>                                     | <u>8,608,000</u> | <u>24,497,000</u> | <u>33,105,000</u> |

**2015-17 Biennial Budget**

**T.R. Implementation**

| Mode   | BHSIA<br>Staffing -<br>FTE                             | FY 2015    | FY 2016    | FY 2017    | Ongoing    |
|--|--|------------|------------|------------|------------|
| <b>TOTAL COST PER YEAR - Carry Forward</b>       |  |            |            |            |            |
| <b>Level</b>                                     |  | 15,212,346 | 23,045,896 | 23,029,527 | 63,643,602 |
|  | FTE  | 4.0        | 4.0        | 6.0        | 6.0        |
|  | GF-S   | 7,990,673  | 11,790,598 | 11,821,238 | 32,128,276 |
|  | Title XIX  | 7,221,673  | 11,255,298 | 11,208,289 | 31,515,326 |
| <b>Maintenance Level Request Client Services</b> |  |            |            |            |            |
|  | GF-S   |            | 4,303,563  | 12,248,273 |            |
|  | Title XIX  |            | 4,303,563  | 12,249,273 |            |
|  | <b>TOTAL Maintenance Level Client Services Request</b> |            | 8,607,126  | 24,497,546 | -          |
|  | <b>Resulting Total Client Services</b>                 |            | 28,982,622 | 44,873,042 | 60,762,771 |

2015-17 Biennial Budget

T.R. Implementation

| Mode  | BHSIA<br>Staffing -<br>FTE | FY 2015        | FY 2016        | FY 2017        | Ongoing        |
|---|----------------------------|----------------|----------------|----------------|----------------|
| <b>Carry Forward Funding:</b>   |                            |                |                |                |                |
| <b>CANS DEVELOPMENT and MAINTENANCE</b>   |                            |                | \$ 67,000      | \$ 68,000      |                |
| CANS development (BG - non match)   |                            | -              | -              | -              | -              |
| CANS Helpdesk   |                            | 24,000         | 26,000         | 27,000         | 30,000         |
| CANS remote hosting   |                            | 36,000         | 36,000         | 36,000         | 36,000         |
| CANS software system oversight  |                            | 5,000          | 5,000          | 5,000          | 5,000          |
| CANS software modification to link with certification                                     |                            | 5,000          | -              | -              | -              |
| CANS Algorithm Consultation   |                            | 5,000          | -              | -              | -              |
|   | <b>GF-S</b>                | <b>37,500</b>  | <b>33,500</b>  | <b>34,000</b>  | <b>35,500</b>  |
|   | <b>Title XIX</b>           | <b>37,500</b>  | <b>33,500</b>  | <b>34,000</b>  | <b>35,500</b>  |
| <b>TOTAL CANS Development and Maintenance</b>   |                            | <b>75,000</b>  | <b>67,000</b>  | <b>68,000</b>  | <b>71,000</b>  |
| <b>TRAINING and COACHING</b>  |                            |                |                |                |                |
| CANS Software Training  |                            | 6,000          | 6,000          | 6,000          | 6,000          |
| CANS Training   |                            | 5,000          | 5,000          | 5,000          | 5,000          |
| Training on CANS and WISe   |                            | 500,000        | 500,000        | 500,000        | 500,000        |
|   | <b>GF-S</b>                | <b>511,000</b> | <b>511,000</b> | <b>511,000</b> | <b>511,000</b> |
|   | <b>Title XIX</b>           | <b>-</b>       | <b>-</b>       | <b>-</b>       | <b>-</b>       |
| <b>TOTAL Training and Coaching</b>  |                            | <b>511,000</b> | <b>511,000</b> | <b>511,000</b> | <b>511,000</b> |
| <b>MONITORING OF WISe FIDELITY</b>  |                            |                |                |                |                |
| WISe fidelity monitoring*   |                            | 223,800        | 447,900        | 671,700        | 895,500        |
| QSR one-time only, 3 sites  |                            | -              | 500,000        | -              | -              |
|   | <b>GF-S</b>                | <b>111,900</b> | <b>473,950</b> | <b>335,850</b> | <b>447,750</b> |
|   | <b>Title XIX</b>           | <b>111,900</b> | <b>473,950</b> | <b>335,850</b> | <b>447,750</b> |
| <b>TOTAL Monitoring of WISe Fidelity</b>  |                            | <b>223,800</b> | <b>947,900</b> | <b>671,700</b> | <b>895,500</b> |
| <b>ANALYTIC SUPPORT</b>   |                            |                |                |                |                |
| PRISM modifications [RDA]   |                            | 150,000        | -              | -              | -              |
| Dashboard/ Report Card [RDA]  |                            | 150,000        | 150,000        | 150,000        | 150,000        |
| Modifications and Survey Administration, to evaluate Voice/ Choice and EBP fidelity [RDA] |                            | 100,000        | 100,000        | 100,000        | 100,000        |
| Outcome Monitoring [RDA]  |                            | -              | 150,000        | 150,000        | 150,000        |
| MERCER, case rate update, and consultation  |                            | 100,000        | 100,000        | -              | -              |
|   | <b>GF-S</b>                | <b>310,000</b> | <b>212,500</b> | <b>162,500</b> | <b>162,500</b> |
|   | <b>Title XIX</b>           | <b>190,000</b> | <b>287,500</b> | <b>237,500</b> | <b>237,500</b> |
| <b>Total Analytical Support</b>   |                            | <b>500,000</b> | <b>500,000</b> | <b>400,000</b> | <b>400,000</b> |

**2015-17 Biennial Budget**

**T.R. Implementation**

| <b>Mode</b>   | <b>BHSIA<br/>Staffing -<br/>FTE</b> | <b>FY 2015</b>    | <b>FY 2016</b>    | <b>FY 2017</b>    | <b>Ongoing</b>    |
|---|-------------------------------------|-------------------|-------------------|-------------------|-------------------|
| <b>GOVERNANCE</b>   |                                     |                   |                   |                   |                   |
| Family and Youth Organization support to participate in decision-making at all levels of governance |                                     | 300,000           | 300,000           | 400,000           | 400,000           |
| <b>GF-S</b>   |                                     | <b>150,000</b>    | <b>150,000</b>    | <b>200,000</b>    | <b>200,000</b>    |
| <b>Title XIX</b>  |                                     | <b>150,000</b>    | <b>150,000</b>    | <b>200,000</b>    | <b>200,000</b>    |
| <b>TOTAL Governance</b>   |                                     | <b>300,000</b>    | <b>300,000</b>    | <b>400,000</b>    | <b>400,000</b>    |
| <b>STAFFING</b>   |                                     |                   |                   |                   |                   |
| Children's MH SOC - Family (WSU)  | 1.0                                 | -                 | -                 | 69,976            | 69,976            |
| Children's MH SOC - Youth (WSU)   | 1.0                                 | -                 | -                 | 65,855            | 65,855            |
| Data Support (Research)   | 1.0                                 | 129,000           | 123,000           | 123,000           | 123,000           |
| Data Support (Research)   | 1.0                                 | -                 | -                 | 123,000           | 123,000           |
| Contract Monitoring   | 1.0                                 | 100,000           | 94,000            | 94,000            | 94,000            |
| Fiscal  | 1.0                                 | 120,000           | 114,000           | 114,000           | 114,000           |
| <b>GF-S</b>   |                                     | <b>226,850</b>    | <b>215,150</b>    | <b>383,390</b>    | <b>383,390</b>    |
| <b>Title XIX</b>  |                                     | <b>122,150</b>    | <b>115,850</b>    | <b>206,441</b>    | <b>206,441</b>    |
| <b>Total Staffing</b>   | <b>6.0</b>                          | <b>349,000</b>    | <b>331,000</b>    | <b>589,831</b>    | <b>589,831</b>    |
| <b>SOCIAL MARKETING AND COMMUNICATION</b>   |                                     |                   |                   |                   |                   |
| Website development - ITS 4   | 1.0                                 | 111,000           | -                 | -                 | -                 |
| Website maintenance and updating  |                                     | -                 | 13,500            | 13,500            | 13,500            |
| Outreach Materials  |                                     | 50,000            | -                 | -                 | -                 |
| <b>GF-S</b>   |                                     | <b>97,150</b>     | <b>6,750</b>      | <b>6,750</b>      | <b>6,750</b>      |
| <b>Title XIX</b>  |                                     | <b>63,850</b>     | <b>6,750</b>      | <b>6,750</b>      | <b>6,750</b>      |
| <b>TOTAL Social Marketing and Communication</b>   |                                     | <b>161,000</b>    | <b>13,500</b>     | <b>13,500</b>     | <b>13,500</b>     |
| <b>Client Services</b>  |                                     |                   |                   |                   |                   |
| <b>GF-S</b>   |                                     | <b>6,546,273</b>  | <b>10,187,748</b> | <b>10,187,748</b> | <b>30,381,386</b> |
| <b>Title XIX</b>  |                                     | <b>6,546,273</b>  | <b>10,187,748</b> | <b>10,187,748</b> | <b>30,381,386</b> |
| <b>TOTAL Client Services</b>  |                                     | <b>13,092,546</b> | <b>20,375,496</b> | <b>20,375,496</b> | <b>60,762,771</b> |

**Department of Social and Health Services**

**DP Code/Title: M2-33 EMR-ICD10 Maintenance & Operations**  
**Program Level - 030 BHSIA - Mental Health**

Budget Period: 2015-17 Version: C1 030 2015-17 Final 2-YR LEG Budget

**Recommendation Summary Text:**

The Behavioral Health Service Integration Administration (BHSIA) requests funding for the maintenance and operational costs of the new Electronic Medical Records (EMR) system that will be completed in Fiscal Year 2016. By funding this request, DSHS will be able to transition from project implementation to operations.

**Fiscal Detail:**

| <u>Operating Expenditures</u>            | <u>FY 1</u>      | <u>FY 2</u>      | <u>Total</u>     |
|--|------------------|------------------|------------------|
| <b>Overall Funding</b>                   |                  |                  |                  |
| 001-1 General Fund - Basic Account-State | 2,888,000        | 2,888,000        | 5,776,000        |
| <b>Total Cost</b>                        | <b>2,888,000</b> | <b>2,888,000</b> | <b>5,776,000</b> |

Staffing

**Package Description:**

**Problem Statement:**

The state hospitals received funding to implement a Software-as-a-Service (SaaS) EMR system that is ICD-10 compliant and will replace a legacy billing system. As part of the agreement in purchasing a Software-as-a-Service system, BHSIA is required to pay the vendor for the SaaS system ongoing maintenance and operational expenses.

**Proposed Solution:**

By funding this request, DSHS will be able to support the transition from EMR project implementation to operations. The selected electronic medical record system vendor, Cerner, will be providing the SaaS solution for the state hospitals. By implementing a SaaS solution, BHSIA will be modernizing the medical records, creating integrated services and payment records, standardizing processes and aligning with industry best practices, while implementing a system that will stay current with industry changes and reforms. This same vendor system can be available for future expansion to other agencies.

**CTS Consultation**

Consults were completed with CTS for hosting services. The results of these consults were used in the requested amounts where needed.

Agency Contact: Martha Brenna (360) 902-8194  
 Program Contact: Victoria Roberts (360) 725-3715

**Narrative Justification and Impact Statement**

*What specific performance outcomes does the agency expect?*

**Performance Measure Detail**

**Agency Level**

**Activity: C063 Mental Health Facilities Services**  
 No measures linked to package

| <b>Incremental Changes</b> |             |
|----------------------------|-------------|
| <u>FY 1</u>                | <u>FY 2</u> |
| 0.00                       | 0.00        |

Department of Social and Health Services

**DP Code/Title: M2-33 EMR-ICD10 Maintenance & Operations**

**Program Level - 030 BHSIA - Mental Health**

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Budget Period: 2015-17 Version: C1 030 2015-17 Final 2-YR LEG Budget

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*Is this decision package essential to implement a strategy identified in the agency's strategic plan?*

The budget request supports DSHS Goal 1: Health - Each individual and each community will be healthy and 5: Public Trust - Strong management practices will be used to ensure quality and efficiency. More comprehensive reporting and reliable data for decision making will be available.

The decision package is essential to implementing the BHSIA Strategic Objective 1.11: Increase the rates of active treatment hours delivered at Eastern State Hospital and Western State Hospital. An electronic medical record system will allow for better monitoring/management of treatment plans at the state hospitals.

*Does this decision package provide essential support to one or more of the Governor's Results Washington priorities?*

This decision package supports the Results Washington goals to:

Goal 4: Healthy and Safe Communities - Fostering the health of Washingtonians from a healthy start to a safe and supported future and

Goal 5: Effective, Efficient and Accountable Government - Fostering a Lean culture that drives accountability and results for the people of Washington.

*What are the other important connections or impacts related to this proposal?*

Centers for Medicare and Medicaid Services; The Joint Commission: Accreditation, Health Care Certification; insurance companies; state hospital staff; patients and patient advocates will support this system.

*What alternatives were explored by the agency, and why was this alternative chosen?*

The request cannot be absorbed within existing resources for the following reason: there is not sufficient appropriation authority to maintain the on-going costs.

The Department has evaluated the following alternative to reduce services to pay for these costs. This alternative was chosen because service reduction is not a viable option.

*What are the consequences of adopting or not adopting this package?*

The investment in the electronic medical record system will be maintained.

*What is the relationship, if any, to the state's capital budget?*

This request has no impact on the capital budget.

*What changes would be required to existing statutes, rules, or contracts, in order to implement the change?*

*Expenditure and revenue calculations and assumptions*

The cost is based on contractor requirement.

*Which costs and functions are one-time? Which are ongoing? What are the budget impacts in future biennia?*

These costs are ongoing and will carry forward into future biennia.

**Department of Social and Health Services**

**DP Code/Title: M2-33 EMR-ICD10 Maintenance & Operations**

**Program Level - 030 BHSIA - Mental Health**

Budget Period: 2015-17 Version: C1 030 2015-17 Final 2-YR LEG Budget

| <u>Object Detail</u>         | <u>FY 1</u> | <u>FY 2</u> | <u>Total</u> |
|------------------------------|-------------|-------------|--------------|
| <b>Overall Funding</b>       |             |             |              |
| C Professional Svc Contracts | 2,888,000   | 2,888,000   | 5,776,000    |

**DSHS Source Code Detail**

| <u>Overall Funding</u>                         | <u>FY 1</u>      | <u>FY 2</u>      | <u>Total</u>     |
|--|------------------|------------------|------------------|
| Fund 001-1, General Fund - Basic Account-State |                  |                  |                  |
| <u>Sources Title</u>                           |                  |                  |                  |
| 0011 General Fund State                        | 2,888,000        | 2,888,000        | 5,776,000        |
| <i>Total for Fund 001-1</i>                    | 2,888,000        | 2,888,000        | 5,776,000        |
| <b>Total Overall Funding</b>                   | <b>2,888,000</b> | <b>2,888,000</b> | <b>5,776,000</b> |

# Information Technology Addendum

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Recsum Code and Title      M2-33 EMR ICD10 Maintenance and Operations  
Brief Description:          EMR-ICD10 Maintenance and Operations 2015-17

If this investment includes the use of servers, do you plan to use the state data center?

Yes       No, waiver received       No, waiver not received       Does not apply

## Security

**Security:** How does this investment affect the state's security posture? Have the proper security considerations been made? Does the investment itself actually improve infrastructure security? What, if any, security concerns are there?

This investment is for the maintenance and operations of a new electronic medical records, pharmacy, and billing system.

## Feasibility/Risk

**Cultural readiness/organizational capacity:** Does this investment require significant institutional change within the agency, and is the agency prepared for that change? Is there committed and proven leadership? Is there a record of successful projects? Does the agency foster a culture of creative problem solving?

The maintenance and operations will have limited institutional change. Cerner will be providing the the initial operational maintenance and support and will be training DSHS staff on the process for taking over some responsibilities longer-term. These activities are primarily around localization and user profile maintenance efforts, not the data center operations.

**Technical complexity:** Can the investment realistically be completed within the proposed framework of time, budget and resources?

Not applicable. This request is for the ongoing maintenance and operations of the system after implementation.

**Urgency:** Is the investment urgent or can wait until a future funding cycle? Must the investment be completed all at once, or can we break it into incremental pieces?

This funding request is necessary to maintain the operations of a system just implemented to replace legacy would be a significant setback to the modernization and improvement of business and billing processes just implemented.

**Impact of not doing:** What are the potential impacts to the state, agency, or the public if this investment is not completed?

The millions of dollars spent to implement and training staff on it's use would be lost as no ICD10 compliant option would exist for hospital billins. Furthermore, the value of being able to adapt to future heathcare reform and changes solved by a Software-as-a-Service (SaaS) solution would also be extinguished.

**2015-17 Biennial Budget  
Department of Social and Health Services**

**Technology Strategy Alignment**

**Agile value: Is the investment broken into incremental steps that provide customer-facing value and allow periodic assessment of progress?**

Not applicable. This investment is to support the monthly operational costs of a system already implemented.

**Modernization of state government: Will the investment result in replacing legacy systems that are no longer solving business problems with modern, appropriate technology solutions?**

Maintaining the operations of the EMR-ICD10 SaaS solution will be a significant step to creating known operational costs to operate and maintain the solution.

**Mobility: Does the investment help state employees conduct business “any time, anywhere”? Does it improve mobile access to services for customers?**

The implemented solution not only support mobility, but dramatically improves access to the system data by all staff to support their job activities. This maintenance and operations request does not impact these improvements.

**Transparency: Does it increase public visibility of services provided with public funds? Does this investment increase public access to searchable public data and information?**

No, not directly. DSHS patients and clients are better served by the solution and service data become more transferable with standard data exchanges between other healthcare partners and facilities.

**Accountability: Are the investment’s goals well articulated? How will “success” be determined or measured?**

Not applicable. The ongoing operations will be successful by having integrated data to monitor operations and implement continuous quality improvements.

**Financial**

**Financial risk of not doing: Are there potential financial consequences for not completing this investment, such as fines for noncompliance with legal requirements or a loss of federal funding?**

Not funding the maintenance and operations of the system would require rolling back to manual process and systems that were not updated for ICD10 codes. This would jeopardize receiving millions in payment for DSHS services.

**Cost Reduction: Does this investment prevent or reduce expenses, such as the cost of maintaining labor-intensive systems that could be automated, repairs or maintenance to obsolete or outdated infrastructure, or specialty expertise required for legacy technologies?**

Yes, there is potential cost savings for maintaining a system that will be updated as required, but these would be difficult to compare to existing support and system short-comings.

**Revenue Generation: Does this investment generate new revenue, or capture additional revenue left “on the table” by current solutions?**

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**EMR-ICD10 Main and Operations**

**2015-17 Biennial Budget  
Department of Social and Health Services**

Maintenance and operational expenses will allow for ongoing monitoring of services and operations that could lead to indirect savings and quality improvements that could impact billing.

**Business Case/Agency Mission Priority**

**Mission priority: Does this investment help the agency better deliver its mission?**

Yes, operations of the EMR-ICD10 solution should improve the clients care by reducing health and safety issues, improve care documentation, and allows for better operational support and data analysis to improve care delivery.

**Business case: Is there a clear problem with the status quo, and does this investment clearly solve that business problem?**

Not applicable. This request is for the ongoing maintenance and operations of a SaaS medical record and billing solution.

**Department of Social and Health Services**

**DP Code/Title: M2-34 Align Funding with ICD-10 Imp.  
 Program Level - 030 BHSIA - Mental Health**

Budget Period: 2015-17 Version: C1 030 2015-17 Final 2-YR LEG Budget

**Recommendation Summary Text:**

The Behavioral Health and Service Integration Administration (BHSIA) requests funding provided in the 2013-15 biennium for system development and staff training of the new electronic medical record (EMR) system be moved to Fiscal Year 2016 in order to align expenditures with project implementation schedules. By funding this request, system development costs and staff training will be in sync with the EMR system go-live date, which is aligned with the federal International Classification of Diseases-10 (ICD-10) implementation schedule. The funding is necessary to align with the delayed implementation of ICD-10 and the subsequent delay in the EMR-ICD10 system go-live date.

**Fiscal Detail:**

**Operating Expenditures**

|  | <u>FY 1</u>      | <u>FY 2</u> | <u>Total</u>     |
|--|------------------|-------------|------------------|
| <b>Overall Funding</b>                   |                  |             |                  |
| 001-1 General Fund - Basic Account-State | 2,003,000        | 0           | 2,003,000        |
| <b>Total Cost</b>                        | <b>2,003,000</b> | <b>0</b>    | <b>2,003,000</b> |

**Staffing**

**Package Description:**

**Problem Statement:**

The go-live date of the EMR system was adjusted to coincide with the new ICD-10 adoption date, which was delayed by Congress one year from October 1, 2014 to October 1, 2015. This adjustment prevents the difficulty and confusion caused by training state hospital staff on ICD-9 codes and then retraining them on the ICD-10 modified codes and processes.

**Proposed Solution:**

Legislatively approved project funding needs to be shifted to Fiscal Year 2016 in order to accommodate the implementation project schedule shift.

**CTS Consultation**

Consults were completed with CTS for hosting services. The results of these consults were used in the requested amounts where needed.

**Narrative Justification and Impact Statement**

*What specific performance outcomes does the agency expect?*

**Performance Measure Detail**

**Agency Level**

**Activity: C063 Mental Health Facilities Services**

No measures linked to package

**Incremental Changes**

| <u>FY 1</u> | <u>FY 2</u> |
|-------------|-------------|
| 0.00        | 0.00        |

*Is this decision package essential to implement a strategy identified in the agency's strategic plan?*

The budget request supports DSHS Goal 1: Health - Each individual and each community will be healthy.

Department of Social and Health Services

**DP Code/Title: M2-34 Align Funding with ICD-10 Imp.**  
**Program Level - 030 BHSIA - Mental Health**

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Budget Period: 2015-17 Version: C1 030 2015-17 Final 2-YR LEG Budget

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The decision package is essential to implementing the BHSIA Strategic Objective 1.11: Increase the rates of active treatment hours delivered at Eastern State Hospital and Western State Hospital. An electronic medical record system will allow for better monitoring of treatment plans at the state hospitals.

*Does this decision package provide essential support to one or more of the Governor's Results Washington priorities?*

This decision package supports the Results Washington goals to:

Goal 4: Healthy and Safe Communities - Fostering the health of Washingtonians from a healthy start to a safe and supported future and

Goal 5: Effective, Efficient and Accountable Government - Fostering a Lean culture that drives accountability and results for the people of Washington.

*What are the other important connections or impacts related to this proposal?*

Centers for Medicare and Medicaid Services; The Joint Commission: Accreditation, Health Care Certification; insurance companies; state hospital staff; patients and patient advocates will support this system.

*What alternatives were explored by the agency, and why was this alternative chosen?*

The request cannot be absorbed within existing resources for the following reason: additional funding was required to complete the project, there are no additional dollars available to use in the future.

The department has evaluated the following alternatives: reducing services at the state hospitals or requesting funding. This alternative was chosen because completing the project to be in compliance with the new ICD-10 is vital to earning federal revenue.

*What are the consequences of adopting or not adopting this package?*

The hospitals will have ICD-10 compliant system and electronic medical records.

*What is the relationship, if any, to the state's capital budget?*

This request has no impact on the capital budget.

*What changes would be required to existing statutes, rules, or contracts, in order to implement the change?*

The contract will need to be amended to incorporate change in the timing of the funding and deliverables.

*Expenditure and revenue calculations and assumptions*

See attachment: 030 BHSIA Align Funding with ICD-10 Imp.xlsx

*Which costs and functions are one-time? Which are ongoing? What are the budget impacts in future biennia?*

These costs are one-time and will not carry forward.

**Department of Social and Health Services**

**DP Code/Title: M2-34 Align Funding with ICD-10 Imp.**

**Program Level - 030 BHSIA - Mental Health**

Budget Period: 2015-17    Version: C1 030 2015-17 Final 2-YR LEG Budget

| <u>Object Detail</u>         | <u>FY 1</u>      | <u>FY 2</u> | <u>Total</u>     |
|------------------------------|------------------|-------------|------------------|
| <b>Overall Funding</b>       |                  |             |                  |
| C Professional Svc Contracts | 1,612,000        | 0           | 1,612,000        |
| E Goods\Other Services       | 391,000          | 0           | 391,000          |
| <b>Total Objects</b>         | <b>2,003,000</b> | <b>0</b>    | <b>2,003,000</b> |

**DSHS Source Code Detail**

| <u>Overall Funding</u>                                | <u>FY 1</u>      | <u>FY 2</u> | <u>Total</u>     |
|---|------------------|-------------|------------------|
| <b>Fund 001-1, General Fund - Basic Account-State</b> |                  |             |                  |
| <u>Sources</u> <u>Title</u>                           |                  |             |                  |
| 0011  General Fund State                              | 2,003,000        | 0           | 2,003,000        |
| <i>Total for Fund 001-1</i>                           | <b>2,003,000</b> | <b>0</b>    | <b>2,003,000</b> |
| <b>Total Overall Funding</b>                          | <b>2,003,000</b> | <b>0</b>    | <b>2,003,000</b> |

**2015-17 Biennial Budget  
Align Funding with ICD-10 Imp.**

|                    |                  | <b>2013-15</b>   |                  |  |
|--------------------|------------------|------------------|------------------|--|
| Appropriated:      | FY 2014          | FY 2015          | 2013-15          |  |
| EMR Implementation | 3,114,000        | 5,386,000        | 8,500,000        |  |
| EMR Training       | <u>391,000</u>   | <u>1,075,000</u> | <u>1,466,000</u> |  |
| <b>Total</b>       | <b>3,505,000</b> | <b>6,461,000</b> | <b>9,966,000</b> |  |

|                               |                  |                  |                  |  |
|-------------------------------|------------------|------------------|------------------|--|
| <b>Projected Expenditures</b> |                  |                  |                  |  |
| EMR Implementation            | 1,502,000        | 5,386,000        | 6,888,000        |  |
| EMR Training                  | <u>-</u>         | <u>1,075,000</u> | <u>1,075,000</u> |  |
| <b>Balance</b>                | <b>2,003,000</b> | <b>-</b>         | <b>2,003,000</b> |  |

|                         | <b>2015-17 Request</b> |          |                  |  |
|-------------------------|------------------------|----------|------------------|--|
| Shift Balance To 15-17: | FY 2016                | FY 2017  | 2015-17          |  |
| EMR Implementation      | 1,612,000              | -        | 1,612,000        |  |
| EMR Training            | <u>391,000</u>         | <u>-</u> | <u>391,000</u>   |  |
| <b>Total</b>            | <b>2,003,000</b>       | <b>-</b> | <b>2,003,000</b> |  |

# Information Technology Addendum

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**Recsum Code and Title**      **M2-34 Align Funding with ICD-10 Imp**  
**Brief Description:**            **EMR-ICD10 Funding Deferred to FY16**

**If this investment includes the use of servers, do you plan to use the state data center?**

- Yes       No, waiver received       No, waiver not received       Does not apply

## Security

**Security: How does this investment affect the state’s security posture? Have the proper security considerations been made? Does the investment itself actually improve infrastructure security? What, if any, security concerns are there?**

This investment is for the deferral of existing project funding to align with a revised system and ICD-10 go-live date for the implementation of a new Software-as-a-Service (SaaS) electronic medical records, pharmacy, and billing system.

## Feasibility/Risk

**Cultural readiness/organizational capacity: Does this investment require significant institutional change within the agency, and is the agency prepared for that change? Is there committed and proven leadership? Is there a record of successful projects? Does the agency foster a culture of creative problem solving?**

This funding deferral request has no direct impact to organizational change. Indirectly, this request allows for a reduced impact to end users by removing an initial implementation of ICD-9 codes and then a rapid change to the ICD-10 coding and impacted business processes.

**Technical complexity: Can the investment realistically be completed within the proposed framework of time, budget and resources?**

Not applicable. This request is for deferral of existing project funds to adjust to a new go-live date.

**Urgency: Is the investment urgent or can wait until a future funding cycle? Must the investment be completed all at once, or can we break it into incremental pieces?**

This funding request is critical to adjusting to a new implementation timeline and aligning funding with the associated deliverables and training events.

**Impact of not doing: What are the potential impacts to the state, agency, or the public if this investment is not completed?**

Failure to adjust the project funding to align with the revised project schedule could create a significant risk to the system implementation or possible failure leading to revenue impacts.

**2015-17 Biennial Budget  
Department of Social and Health Services**

**Technology Strategy Alignment**

**Agile value: Is the investment broken into incremental steps that provide customer-facing value and allow periodic assessment of progress?**

Not applicable. This investment is to support the alignment of existing project funding to a an adjusted go-live/implementation date.

**Modernization of state government: Will the investment result in replacing legacy systems that are no longer solving business problems with modern, appropriate technology solutions?**

Implementation of this new EMR-ICD10 SaaS solution will be a significant step to replacing legacy systems and processes, improving compliance with existing standards, and greatly improve the systems updating to meet future requirements and health care reforms.

**Mobility: Does the investment help state employees conduct business “any time, anywhere”? Does it improve mobile access to services for customers?**

The implemented solution not only supports mobility, but dramatically improves access to the system data by all staff to support their job activities, reduces duplication, and risks of errors. This funding deferral request does not impact these improvements.

**Transparency: Does it increase public visibility of services provided with public funds? Does this investment increase public access to searchable public data and information?**

No, not directly. DSHS patients and clients are better served by the solution and service data become more transferable with standard data exchanges between other healthcare partners and facilities.

**Accountability: Are the investment’s goals well articulated? How will “success” be determined or measured?**

Many high level goals and associated measures have been articulated in the project charter. Implementation of a ICD-10 compliant system in time for the go-live date and staff training for the training are two of the project’s most critical goals.

**Financial**

**Financial risk of not doing: Are there potential financial consequences for not completing this investment, such as fines for noncompliance with legal requirements or a loss of federal funding?**

Failure to adjust the project funding to align with the revised project schedule could create a significant risk to the system implementation or possible failure leading to revenue impacts. This would jeopardize receiving millions in payment for DSHS services and impact compliance.

**Cost Reduction: Does this investment prevent or reduce expenses, such as the cost of maintaining labor-intensive systems that could be automated, repairs or maintenance to obsolete or outdated infrastructure, or specialty expertise required for legacy technologies?**

Yes, there is potential cost savings for maintaining a system that will be updated as required, but these would be difficult to compare to existing support and system short-comings. Many current manual process will be automated in the new system while new tasks will also be required to

**2015-17 Biennial Budget**  
**Department of Social and Health Services**

support the new procedures. A SaaS solution should also allow for a more affordable ways to stay current with technology, business best practices, and healthcare reforms.

**Revenue Generation: Does this investment generate new revenue, or capture additional revenue left “on the table” by current solutions?**

Implementation of the system will more directly link the delivery of services to claims and fix existing billing issues that can not be addressed by the current legacy accounts payable/billing system – Residential Program System (RPS).

**Business Case/Agency Mission Priority**

**Mission priority: Does this investment help the agency better deliver its mission?**

Yes, implementation of the EMR-ICD10 solution should improve the clients care by reducing health and safety issues, improve care documentation, and allows for better operational support, billing, and data analysis to improve care delivery.

**Business case: Is there a clear problem with the status quo, and does this investment clearly solve that business problem?**

Not applicable. This request is to align existing project funding with a schedule update to improve the implementation of a SaaS medical record and billing solution able to meet existing and future needs.

Department of Social and Health Services

**DP Code/Title: M2-35 Hep C Treatment**  
**Program Level - 030 BHSIA - Mental Health**

Budget Period: 2015-17 Version: C1 030 2015-17 Final 2-YR LEG Budget

**Recommendation Summary Text:**

The Behavioral Health and Service Integration Administration (BHSIA) requests funding for the medication Sofosbuvir to treat 16 Hepatitis C patients at the state hospitals.

**Fiscal Detail:**

| <u>Operating Expenditures</u>            | <u>FY 1</u>      | <u>FY 2</u>      | <u>Total</u>     |
|--|------------------|------------------|------------------|
| <b>Overall Funding</b>                   |                  |                  |                  |
| 001-1 General Fund - Basic Account-State | 1,440,000        | 1,440,000        | 2,880,000        |
| <b>Total Cost</b>                        | <b>1,440,000</b> | <b>1,440,000</b> | <b>2,880,000</b> |

Staffing

**Package Description:**

Problem Statement:

Until recently, the mainstay of treatment for chronic Hepatitis C virus (HCV) infection has been a three drug regimen, given for 24 to 48 weeks, which has resulted in a sustained virologic response (SVR -a marker for cure), in 50 to 80 percent of patients, depending on the genotype of the infection. The clinical guidelines used at the state hospitals is consistent with those adopted by the Health Care Authority for the Medicaid program. The current treatment can cost \$90,000 per patient; however, the state hospitals are not currently treating patients for Hepatitis C.

In late 2013, The Food and Drug Administration approved two new antiviral drugs, Sofosbuvir (Sovaldi™) and Simeprevir (Olysio™) to treat chronic HCV infection. Both medications have been shown to be effective when used as a component of a combination antiviral regimen to treat HCV-infected adults. Clinical trials have shown that these new medications achieve SVR in 80 to 95 percent of patients after 12 to 24 weeks of treatment. This cure rate is higher than with the older regimens and the side effects can be less severe. However, Sofosbuvir costs at least \$84,000 per patient, not including the one to two medications from the old regimen which would also be needed. There are several regimens and lengths of therapy recommended depending on the patient's Hepatitis C genotype and treatment history. However, Sofosbuvir is a component of all of the new recommended treatment regimens.

These are drug costs only and do not include Gastro-Intestinal consultant costs, laboratory costs, etc.

Proposed Solution:

To estimate the number of patients that could be treated, treatment plans were consulted for patients testing positive for Hepatitis C virus, resulting in 75 patients. It is assumed that 20% could develop severe complications and therefore could be candidates for treatment. In addition, patients must have a history of medication compliance and must be at the hospital for the duration of the treatment. No short term patients will be treated. If a patient is a candidate for treatment, the method of payment for the medication after discharge will be confirmed so that the treatment continues for maximum benefit. The funding would purchase Sofosbuvir for 14-16 patients at the State Hospitals. This treatment would result in improved health because Hepatitis C is a long, smoldering disease culminating in a need for liver transplants.

Agency Contact: Martha Brenna (360) 902-8194  
 Program Contact: Katy Tomisser (253) 756-2351

Department of Social and Health Services

**DP Code/Title: M2-35 Hep C Treatment**  
**Program Level - 030 BHSIA - Mental Health**

Budget Period: 2015-17 Version: C1 030 2015-17 Final 2-YR LEG Budget

**Narrative Justification and Impact Statement**

*What specific performance outcomes does the agency expect?*

**Performance Measure Detail**

**Agency Level**

**Activity: C063 Mental Health Facilities Services**

No measures linked to package

**Incremental Changes**

**FY 1**

**FY 2**

0.00

0.00

*Is this decision package essential to implement a strategy identified in the agency's strategic plan?*

The budget request supports DSHS Goal 1: Health - Each individual and each community will be healthy.

The decision package is essential to implementing the BHSIA's Strategic Objective 1.2 Healthy Youth and Adults: Decrease percentage of adults reporting fair or poor health from 15 percent in 2011 to 14 percent in 2017.

*Does this decision package provide essential support to one or more of the Governor's Results Washington priorities?*

This decision package supports the Results Washington goals to:

Goal 4: Healthy and Safe Communities - Fostering the health of Washingtonians from a healthy start to a safe and supported future.

*What are the other important connections or impacts related to this proposal?*

The Health Care Authority, the Department of Corrections, and the Special Commitment Center are requesting additional funding to treat individuals with the new drug.

*What alternatives were explored by the agency, and why was this alternative chosen?*

The request cannot be absorbed within existing resources for the following reason: in order to fund the Hep C treatment, other patient services would have to be reduced.

The department has evaluated the following alternative: reduced patient care. This alternative was chosen because appropriate mental health care for residents is of paramount importance.

*What are the consequences of adopting or not adopting this package?*

Patients will be treated for appropriately.

*What is the relationship, if any, to the state's capital budget?*

This request has no impact on the capital budget.

*What changes would be required to existing statutes, rules, or contracts, in order to implement the change?*

This request has no impact to existing statutes, rules or contracts.

**Expenditure and revenue calculations and assumptions**

Currently, there are 77 patients at the state psychiatric hospitals with Hepatitis C. Of those, it is assumed that 20% or 16

**Department of Social and Health Services**

**DP Code/Title: M2-35 Hep C Treatment**  
**Program Level - 030 BHSIA - Mental Health**

Budget Period: 2015-17 Version: C1 030 2015-17 Final 2-YR LEG Budget

individuals, are treatable. The cost of treatment can vary according to patient needs, however, it is assumed that the average cost per patient is \$90,000.

See attachment: 030 BHSIA Hepatitis C Treatment in the State Hospitals.xlsx

*Which costs and functions are one-time? Which are ongoing? What are the budget impacts in future biennia?*

These costs are ongoing and will carry forward into future biennia.

| <u>Object Detail</u>   | <u>FY 1</u> | <u>FY 2</u> | <u>Total</u> |
|------------------------|-------------|-------------|--------------|
| <b>Overall Funding</b> |             |             |              |
| E Goods\Other Services | 1,440,000   | 1,440,000   | 2,880,000    |

**DSHS Source Code Detail**

| <u>Overall Funding</u>                         |                    | <u>FY 1</u>      | <u>FY 2</u>      | <u>Total</u>     |
|--|--------------------|------------------|------------------|------------------|
| Fund 001-1, General Fund - Basic Account-State |                    |                  |                  |                  |
| <u>Sources Title</u>                           |                    |                  |                  |                  |
| 0011   | General Fund State | 1,440,000        | 1,440,000        | 2,880,000        |
| <i>Total for Fund 001-1</i>                    |                    | <b>1,440,000</b> | <b>1,440,000</b> | <b>2,880,000</b> |
| <b>Total Overall Funding</b>                   |                    | <b>1,440,000</b> | <b>1,440,000</b> | <b>2,880,000</b> |

## 2015-17 Biennial Budget Hep C Treatment

### Hep C Medication (Sofosbuvir)

|                              |                      |
|------------------------------|----------------------|
| Cost Range:                  | \$79,668 - \$318,672 |
| Estimated Cost per Patient:  | \$90,000             |
| Current Patients with Hep C: | 77                   |
| 20% Treatable:               | 16                   |

|         | Number of Patients | Cost Per Patient | Total Cost   |
|---------|--------------------|------------------|--------------|
| FY 2016 | 16                 | \$ 90,000        | \$ 1,440,000 |
| FY 2017 | 16                 | \$ 90,000        | \$ 1,440,000 |

The hospitals are currently not treating any patients with Hepatitis C. All costs related to the drugs required are new costs. Sofosbuvir is used in conjunction with other drugs. The cost above includes the other drugs.

**Department of Social and Health Services**

**DP Code/Title: M2-39 Nursing Hours for Required Training  
 Program Level - 030 BHSIA - Mental Health**

Budget Period: 2015-17 Version: C1 030 2015-17 Final 2-YR LEG Budget

**Recommendation Summary Text:**

The Behavioral Health and Service Integration Administration (BHSIA) requests funding in order to pay for additional staff to back fill for nursing staff during Continuing Medical Education (CME) related absence as required by the Collective Bargaining Agreement (CBA). By funding this request, BHSIA is expected to fulfill the requirements of the Service Employees International Union (SEIU) Healthcare 1199NW Collective Bargaining Agreement, which is expected to continue into the 2015-17 CBA.

**Fiscal Detail:**

**Operating Expenditures**

|  | <u>FY 1</u>    | <u>FY 2</u>    | <u>Total</u>     |
|--|----------------|----------------|------------------|
| <b>Overall Funding</b>                   |                |                |                  |
| 001-1 General Fund - Basic Account-State | 872,000        | 797,000        | 1,669,000        |
| <b>Total Cost</b>                        | <b>872,000</b> | <b>797,000</b> | <b>1,669,000</b> |

**Staffing**

|                    | <u>FY 1</u> | <u>FY 2</u> | <u>Annual Avg</u> |
|--------------------|-------------|-------------|-------------------|
| <b>Agency FTEs</b> | <b>12.4</b> | <b>12.4</b> | <b>12.4</b>       |

**Package Description:**

**Problem Statement:**

Per Article 7.2 of the SEIU Healthcare 1199NW collective bargaining agreement, upon request, nurses will be granted up to six paid days off to pursue CME opportunities. Funding for the staffing hours needed to cover the absences created by this bargained benefit for continuing education was never factored into the budget for the state hospitals, thus leaving a shortage of coverage and resulting in overtime paid for these absences. Planning for these hours will allow for payment at the standard wage rate instead of the overtime wage. This is a necessary step in the continued efforts to reduce the overtime expenditures at the state hospitals.

If this request is not funded, recent collaborative efforts by the Department of Social and Health Services (DSHS) and labor organizations to address the back-fill, overtime and patient safety issues will be compromised and a key mitigation strategy for reducing overtime expenditures will not be implemented.

**Proposed Solution:**

Funding will provide for nursing hours with on-call staff at a level that allows for coverage at the standard pay rate rather than the overtime pay rate. The plan will be implemented immediately as a way to reduce the current overtime expenditures.

Agency Contact: Martha Brenna (360) 902-8194  
 Program Contact: Victoria Roberts (360) 725-3715

**Narrative Justification and Impact Statement**

*What specific performance outcomes does the agency expect?*

**Performance Measure Detail**

**Agency Level**

**Activity: C063 Mental Health Facilities Services**  
 No measures linked to package

| <b>Incremental Changes</b> |             |
|----------------------------|-------------|
| <u>FY 1</u>                | <u>FY 2</u> |
| 0.00                       | 0.00        |

Department of Social and Health Services

**DP Code/Title: M2-39 Nursing Hours for Required Training**  
**Program Level - 030 BHSIA - Mental Health**

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Budget Period: 2015-17 Version: C1 030 2015-17 Final 2-YR LEG Budget

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*Is this decision package essential to implement a strategy identified in the agency's strategic plan?*

The budget request supports DSHS Goal 1: Health - Each individual and each community will be healthy.

The decision package is essential to implementing the BHSIA Strategic Objective 1.7: Decrease the rate of patient-to-staff assault claims filed at Eastern State Hospital and Western State Hospital.

It is expected that patient care will be improved with the ongoing training given to nurses ensuring they have the support and time off necessary to excel. The Ad Hoc Safety Committee, an advisory group made up of labor and leadership teams from Washington Federation of State Employees (WFSE), SEIU 1199NW paired with BHSIA leadership, reviewed the violence reduction recommendations from independent evaluators since 2001. From this review and discussion the group identified steps that could be taken to significantly reduce the level of violence at the state hospitals and this funding was identified as a key element.

Ongoing training gives nurses the greatest resources for maintaining the health, safety, and comfort of their patients. All are key elements in the prevention of violence in this vulnerable population.

Other desired and expected results are improved nursing morale and retention at the state hospitals and improved labor relations.

*Does this decision package provide essential support to one or more of the Governor's Results Washington priorities?*

This decision package supports the Results Washington goals to:

Goal 4: Healthy and Safe Communities - Fostering the health of Washingtonians from a healthy start to a safe and supported future.

*What are the other important connections or impacts related to this proposal?*

SEIU Healthcare 1199NW will actively support this request as it will provide the funding necessary to meet the CBA requirement for nursing staff to utilize their training benefit.

*What alternatives were explored by the agency, and why was this alternative chosen?*

The request cannot be absorbed within existing resources for the following reason: existing funding is covering hospital costs.

The Department has evaluated the following alternative: reducing patient care to pay for the staff back-fill costs. This alternative was chosen because funding will be more cost effective by providing for nursing hours with on-call staff at a level that allows for coverage at the standard pay rate rather than the overtime pay rate.

*What are the consequences of adopting or not adopting this package?*

SEIU Healthcare 1199NW will actively support this request as it will provide the funding necessary to meet the CBA requirement for nursing staff to utilize their training benefit.

*What is the relationship, if any, to the state's capital budget?*

This request has no impact on the capital budget.

*What changes would be required to existing statutes, rules, or contracts, in order to implement the change?*

**Department of Social and Health Services**

**DP Code/Title: M2-39 Nursing Hours for Required Training  
 Program Level - 030 BHSIA - Mental Health**

Budget Period: 2015-17 Version: C1 030 2015-17 Final 2-YR LEG Budget

This request has no impact to existing statutes, rules or contracts.

*Expenditure and revenue calculations and assumptions*

See attachment: 030 BHSIA Nursing Hours for Required Training.xlsb

*Which costs and functions are one-time? Which are ongoing? What are the budget impacts in future biennia?*

These costs are ongoing and will carry forward into future biennia.

| <u>Object Detail</u>          | <u>FY 1</u>    | <u>FY 2</u>    | <u>Total</u>     |
|-------------------------------|----------------|----------------|------------------|
| <b>Overall Funding</b>        |                |                |                  |
| A Salaries And Wages          | 686,000        | 686,000        | 1,372,000        |
| E Goods\Other Services        | 89,000         | 89,000         | 178,000          |
| J Capital Outlays             | 75,000         | 0              | 75,000           |
| P Debt Service                | 3,000          | 3,000          | 6,000            |
| T Intra-Agency Reimbursements | 19,000         | 19,000         | 38,000           |
| <b>Total Objects</b>          | <b>872,000</b> | <b>797,000</b> | <b>1,669,000</b> |

**DSHS Source Code Detail**

| <u>Overall Funding</u>                         | <u>FY 1</u>    | <u>FY 2</u>    | <u>Total</u>     |
|--|----------------|----------------|------------------|
| Fund 001-1, General Fund - Basic Account-State |                |                |                  |
| <b><u>Sources Title</u></b>                    |                |                |                  |
| 0011 General Fund State                        | 872,000        | 797,000        | 1,669,000        |
| <i>Total for Fund 001-1</i>                    | <b>872,000</b> | <b>797,000</b> | <b>1,669,000</b> |
| <b>Total Overall Funding</b>                   | <b>872,000</b> | <b>797,000</b> | <b>1,669,000</b> |

## 2015-17 Biennial Budget Nursing Hours for Required Training

### State Hospital Total

#### 48 Hours Additional Training

|   | FTE's       | FY 2016             | FY 2017           |
|---|-------------|---------------------|-------------------|
| <b>Annual Training and Backfill</b>                 |             |                     |                   |
| WSH Annual Training Costs                           | 7.8         | \$ 424,000          | \$ 424,000        |
| CSTC Annual Training Costs                          | 0.5         | \$ 32,000           | \$ 32,000         |
| ESH Annual Training Costs                           | 4.2         | \$ 230,000          | \$ 230,000        |
| <b>Total Annual Training Costs</b>                  | <b>12.4</b> | <b>\$ 686,000</b>   | <b>\$ 686,000</b> |
| <b>Associated Staff Costs</b>                       |             |                     |                   |
| WSH Annual Training Costs                           |             | \$ 117,000          | \$ 70,000         |
| CSTC Annual Training Costs                          |             | \$ 7,000            | \$ 4,000          |
| ESH Annual Training Costs                           |             | \$ 62,000           | \$ 37,000         |
| <b>Total Associated Costs</b>                       |             | <b>\$ 186,000</b>   | <b>\$ 111,000</b> |
| <b>Total Cost</b>                                   |             |                     |                   |
| WSH Annual Training Costs                           |             | \$ 541,000          | \$ 494,000        |
| CSTC Annual Training Costs                          |             | \$ 39,000           | \$ 36,000         |
| ESH Annual Training Costs                           |             | \$ 292,000          | \$ 267,000        |
| <b>Total Training, Backfil and Associated Costs</b> |             | <b>\$ 872,000</b>   | <b>\$ 797,000</b> |
| <b>Total Biennial Cost</b>                          |             | <b>\$ 1,669,000</b> |                   |

**Department of Social and Health Services**

**DP Code/Title: M2-3B JLARC Statutory Compliance**  
**Program Level - 030 BHSIA - Mental Health**

Budget Period: 2015-17 Version: C1 030 2015-17 Final 2-YR LEG Budget

**Recommendation Summary Text:**

The Behavioral Health and Service Integration Administration (BHSIA) requests 3.0 FTEs in order to comply with recommendations 3 and 4 made by the Joint Legislative Audit and Review Committee (JLARC) 2014 report for improving the state hospitals' ability to keep up with demand for competency evaluations. By funding this request, the state hospitals are expected to meet statutory targets, reduce waiting lists, and avoid contempt of court by addressing the demand for competency evaluations.

**Fiscal Detail:**

**Operating Expenditures**

|  | <u>FY 1</u>    | <u>FY 2</u>    | <u>Total</u>   |
|--|----------------|----------------|----------------|
| <b>Overall Funding</b>                   |                |                |                |
| 001-1 General Fund - Basic Account-State | 423,000        | 405,000        | 828,000        |
| <b>Total Cost</b>                        | <b>423,000</b> | <b>405,000</b> | <b>828,000</b> |

**Staffing**

|                    | <u>FY 1</u> | <u>FY 2</u> | <u>Annual Avg</u> |
|--------------------|-------------|-------------|-------------------|
| <b>Agency FTEs</b> | <b>3.0</b>  | <b>3.0</b>  | <b>3.0</b>        |

**Package Description:**

**Problem Statement:**

Eastern and Western State Hospitals' forensic departments are not meeting legislated targets for completing competency evaluations which is considered to be in contempt of court. The 2014 JLARC Report recommends the following: address non-compliance with statutory requirements.

**Proposed Solution:**

3.0 FTEs are requested to address the non-compliance areas identified by JLARC.  
 JLARC Recommendation 3: Address non-compliance with statutory requirements.

The three additional forensic evaluator positions are requested to be out stationed in counties with high referral rates. This will decrease the travel time and allow more time to be spent on conducting evaluations.

Agency Contact: Martha Brenna (360) 902-8194  
 Program Contact: Paul Bigelow (360) 725-2055

**Narrative Justification and Impact Statement**

*What specific performance outcomes does the agency expect?*

**Performance Measure Detail**

**Agency Level**

**Activity: C063 Mental Health Facilities Services**  
 No measures linked to package

| <b>Incremental Changes</b> |             |
|----------------------------|-------------|
| <u>FY 1</u>                | <u>FY 2</u> |
| 0.00                       | 0.00        |

*Is this decision package essential to implement a strategy identified in the agency's strategic plan?*

Department of Social and Health Services

**DP Code/Title: M2-3B JLARC Statutory Compliance**

**Program Level - 030 BHSIA - Mental Health**

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Budget Period: 2015-17 Version: C1 030 2015-17 Final 2-YR LEG Budget

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The budget request supports DSHS Goal 1: Health - Each individual and each community will be healthy.

The decision package is essential to implementing the BHSIA Strategic Objective 2.1 - Safety: Decrease the number of adults waiting in jail more than seven days for inpatient competency evaluations at Eastern State Hospital and Western State Hospital.

This request supports the Results Washington Goal 4: Help keep people safe in their homes, on their jobs and in their communities.

The added resources will decrease the number of adults waiting in jail more than seven days for competency evaluations. Courts holding the state in contempt will decrease. Patients will not linger in jails beyond the statutory time allowed. Public Safety is improved.

*Does this decision package provide essential support to one or more of the Governor's Results Washington priorities?*

This decision package supports the Results Washington goal to:

Goal 4: Healthy and Safe Communities - Fostering the health of Washingtonians from a healthy start to a safe and supported future.

*What are the other important connections or impacts related to this proposal?*

County Law Enforcement/Jails, County Courts, State Hospital Forensic Programs and State Hospital Unions will support this request.

*What alternatives were explored by the agency, and why was this alternative chosen?*

The request cannot be absorbed within existing resources for the following reasons: current budget levels do not support additional staff.

The department has evaluated the following alternative: continue to have a waiting list for competency restoration evaluations. This alternative was chosen because BHSIA does not want to be in contempt of court.

*What are the consequences of adopting or not adopting this package?*

The added resources will decrease the number of adults waiting in jail more than seven days for competency evaluations. Courts holding the state in contempt will decrease. Patients will not linger in jails beyond the statutory time allowed. Public Safety is improved.

*What is the relationship, if any, to the state's capital budget?*

This request has no impact on the capital budget.

*What changes would be required to existing statutes, rules, or contracts, in order to implement the change?*

This request has no impact to existing statutes, rules or contracts.

*Expenditure and revenue calculations and assumptions*

Three psychologist 4 positions will be hired beginning in FY 2016 at a salary of \$6,908 per month. High travel costs are

**Department of Social and Health Services**

**DP Code/Title: M2-3B JLARC Statutory Compliance**

**Program Level - 030 BHSIA - Mental Health**

Budget Period: 2015-17 Version: C1 030 2015-17 Final 2-YR LEG Budget

assumed. Costs are ongoing except for \$18,000 of one time costs.

*Which costs and functions are one-time? Which are ongoing? What are the budget impacts in future biennia?*

All but \$36,000 will be ongoing and will carry forward into future biennia.

| <u>Object Detail</u>          | <u>FY 1</u>    | <u>FY 2</u>    | <u>Total</u>   |
|-------------------------------|----------------|----------------|----------------|
| <b>Overall Funding</b>        |                |                |                |
| A Salaries And Wages          | 249,000        | 249,000        | 498,000        |
| B Employee Benefits           | 98,000         | 98,000         | 196,000        |
| E Goods\Other Services        | 42,000         | 42,000         | 84,000         |
| G Travel                      | 11,000         | 11,000         | 22,000         |
| J Capital Outlays             | 18,000         | 0              | 18,000         |
| P Debt Service                | 1,000          | 1,000          | 2,000          |
| T Intra-Agency Reimbursements | 4,000          | 4,000          | 8,000          |
| <b>Total Objects</b>          | <b>423,000</b> | <b>405,000</b> | <b>828,000</b> |

**DSHS Source Code Detail**

| <u>Overall Funding</u>                         | <u>FY 1</u>    | <u>FY 2</u>    | <u>Total</u>   |
|--|----------------|----------------|----------------|
| Fund 001-1, General Fund - Basic Account-State |                |                |                |
| <b>Sources Title</b>                           |                |                |                |
| 0011 General Fund State                        | 423,000        | 405,000        | 828,000        |
| <i>Total for Fund 001-1</i>                    | <b>423,000</b> | <b>405,000</b> | <b>828,000</b> |
| <b>Total Overall Funding</b>                   | <b>423,000</b> | <b>405,000</b> | <b>828,000</b> |

State of Washington  
**Decision Package**  
**Department of Social and Health Services**

**DP Code/Title: M2-3C Hospital Revenue**  
**Program Level - 030 BHSIA - Mental Health**

Budget Period: 2015-17    Version: C1 030 2015-17 Final 2-YR LEG Budget

**Recommendation Summary Text:**

The Behavioral Health Service and Integration Administration requests an annual funding adjustment in order to maintain funding levels based on twelve month average annual revenue projection of inpatient contributions, and Medicaid earnings. By funding this request, the state hospitals are expected to maintain current hospital operations.

**Fiscal Detail:**

**Operating Expenditures**

|   | <u>FY 1</u> | <u>FY 2</u> | <u>Total</u> |
|---|-------------|-------------|--------------|
| <b>Overall Funding</b>                              |             |             |              |
| 001-1 General Fund - Basic Account-State            | 153,000     | 347,000     | 500,000      |
| 001-7 General Fund - Basic Account-Private/Local    | 1,192,000   | 680,000     | 1,872,000    |
| 001-C General Fund - Basic Account-Medicaid Federal | (1,345,000) | (1,027,000) | (2,372,000)  |
| <b>Total Cost</b>                                   | <b>0</b>    | <b>0</b>    | <b>0</b>     |

**Staffing**

**Package Description:**

**Problem Statement:**

Revenue projections at Western State Hospital, Eastern State Hospital, and the Child Study Treatment Center are different than the earnings in the projected budget because of the current client mix.

**Proposed Solution:**

The sources of funding should be adjusted in order to earn all federal and local revenue to support current hospital operations based on the current client mix.

Agency Contact: Martha Brenna (360) 902-8194  
 Program Contact: Melissa Clarey (360) 725-1675

**Narrative Justification and Impact Statement**

*What specific performance outcomes does the agency expect?*

To maintain current patient services funded from the correct revenue sources.

**Performance Measure Detail**

**Agency Level**

**Activity: C063 Mental Health Facilities Services**

No measures linked to package

**Incremental Changes**

| <u>FY 1</u> | <u>FY 2</u> |
|-------------|-------------|
| 0.00        | 0.00        |

*Is this decision package essential to implement a strategy identified in the agency's strategic plan?*

The budget request supports DSHS Goal

1: Health - Each individual and each community will be healthy

Department of Social and Health Services

**DP Code/Title: M2-3C Hospital Revenue**  
**Program Level - 030 BHSIA - Mental Health**

Budget Period: 2015-17 Version: C1 030 2015-17 Final 2-YR LEG Budget

*Does this decision package provide essential support to one or more of the Governor's Results Washington priorities?*

This decision package supports the Results Washington goals to:

Goal 4: Healthy and Safe Communities - Fostering the health of Washingtonians from a healthy start to a safe and supported future.

*What are the other important connections or impacts related to this proposal?*

None

*What alternatives were explored by the agency, and why was this alternative chosen?*

The request cannot be absorbed within existing resources for the following reason: maintaining current operation funding requires readjustment of funding authority.

*What are the consequences of adopting or not adopting this package?*

Patient care will be adjusted based on revenue earnings.

*What is the relationship, if any, to the state's capital budget?*

This request has no impact on the capital budget.

*What changes would be required to existing statutes, rules, or contracts, in order to implement the change?*

This request has no impact to existing statutes, rules or contracts.

*Expenditure and revenue calculations and assumptions*

Revenue is projected based on the twelve month average earnings by fund source. The total appropriation levels are maintained but sources of funding are adjusted.

See attachment: 030 BHSIA Hospital Revenue.xlsx

*Which costs and functions are one-time? Which are ongoing? What are the budget impacts in future biennia?*

These costs are ongoing and will carry forward into future biennia.

| <u>Object Detail</u> | <u>FY 1</u> | <u>FY 2</u> | <u>Total</u> |
|----------------------|-------------|-------------|--------------|
| Overall Funding      |             |             |              |

Program Totals

State of Washington  
**Decision Package**  
**Department of Social and Health Services**

**DP Code/Title: M2-3C Hospital Revenue**  
**Program Level - 030 BHSIA - Mental Health**

Budget Period: 2015-17    Version: C1 030 2015-17 Final 2-YR LEG Budget

**DSHS Source Code Detail**

| <b>Overall Funding</b>   | <b><u>FY 1</u></b> | <b><u>FY 2</u></b> | <b><u>Total</u></b> |
|--|--------------------|--------------------|---------------------|
| <b>Fund 001-1, General Fund - Basic Account-State</b>            |                    |                    |                     |
| <b><u>Sources</u>   <u>Title</u></b>                             |                    |                    |                     |
| 0011    General Fund State                                       | 153,000            | 347,000            | 500,000             |
| <i>Total for Fund 001-1</i>                                      | <b>153,000</b>     | <b>347,000</b>     | <b>500,000</b>      |
| <b>Fund 001-7, General Fund - Basic Account-Private/Local</b>    |                    |                    |                     |
| <b><u>Sources</u>   <u>Title</u></b>                             |                    |                    |                     |
| 5417    Contributions & Grants                                   | 1,192,000          | 680,000            | 1,872,000           |
| <i>Total for Fund 001-7</i>                                      | <b>1,192,000</b>   | <b>680,000</b>     | <b>1,872,000</b>    |
| <b>Fund 001-C, General Fund - Basic Account-Medicaid Federal</b> |                    |                    |                     |
| <b><u>Sources</u>   <u>Title</u></b>                             |                    |                    |                     |
| 19TA    Title XIX Assistance (FMAP)                              | (1,345,000)        | (1,027,000)        | (2,372,000)         |
| <i>Total for Fund 001-C</i>                                      | <b>(1,345,000)</b> | <b>(1,027,000)</b> | <b>(2,372,000)</b>  |
| <b>Total Overall Funding</b>                                     | <b>0</b>           | <b>0</b>           | <b>0</b>            |

## 2015-17 Biennial Budget Hospital Revenue

### FY 2016

| Eastern - Western - CSTC                 | State              | Federal            | Local             |             |
|--|--------------------|--------------------|-------------------|-------------|
| FY 2014 AUTHORITY:                       | 128,906,000        | 78,930,000         | 29,362,000        |             |
| CFL                                      | (3,691,000)        | 2,601,000          | (721,000)         |             |
| <b>REVISED AUTHORITY</b>                 | <b>125,215,000</b> | <b>81,531,000</b>  | <b>28,641,000</b> | 235,387,000 |
| <b>Projected Earnings</b>                |                    |                    |                   |             |
| Fed - Medicaid                           |                    | 15,094,464         | -                 |             |
| Fed - DSH                                |                    | 65,089,834         | -                 |             |
| Local - Medicare                         |                    |                    | 21,254,916        |             |
| Local - Private Pay                      |                    |                    | 2,319,516         |             |
| Local - Insurance                        |                    |                    | 2,713,416         |             |
| Local - Part D Plans                     |                    |                    | 3,545,784         |             |
| <b>Total Projected Earnings:</b>         |                    | <b>80,184,298</b>  | <b>29,833,632</b> |             |
| <b>Earnings - Actuals Plus Projected</b> | <b>125,215,000</b> | <b>80,184,298</b>  | <b>29,833,632</b> |             |
|  | State              | Federal            | Local             |             |
| Authority Request                        | 153,000            | (1,345,000)        | 1,192,000         | -           |
| <b>Double Check Authority</b>            | <b>125,368,000</b> | <b>80,186,000</b>  | <b>29,833,000</b> | 235,387,000 |
| ADJUSTMENTS                              |                    |                    |                   |             |
| <b>Revised Authority Request</b>         | <b>153,000</b>     | <b>(1,345,000)</b> | <b>1,192,000</b>  |             |

### FY 2017

| Eastern - Western - CSTC                 | State              | Federal            | Local             |             |
|--|--------------------|--------------------|-------------------|-------------|
| FY 2015 AUTHORITY:                       | 118,361,000        | 80,082,000         | 29,482,000        |             |
| CFL                                      | 5,438,000          | 799,000            | -                 |             |
| <b>REVISED AUTHORITY</b>                 | <b>123,799,000</b> | <b>80,881,000</b>  | <b>29,482,000</b> | 234,162,000 |
| <b>Projected Earnings</b>                |                    |                    |                   |             |
| Fed - Medicaid                           |                    | 14,765,844         | -                 |             |
| Fed - DSH                                |                    | 65,088,590         | -                 |             |
| Local - Medicare                         |                    | -                  | 21,583,536        |             |
| Local - Private Pay                      |                    | -                  | 2,319,516         |             |
| Local - Insurance                        |                    | -                  | 2,713,416         |             |
| Local - Part D Plans                     |                    | -                  | 3,545,784         |             |
| <b>Total Projected Earnings:</b>         |                    | <b>79,854,434</b>  | <b>30,162,252</b> |             |
| <b>Earnings - Actuals Plus Projected</b> | <b>123,799,000</b> | <b>79,854,434</b>  | <b>30,162,252</b> |             |
|  | State              | Federal            | Local             |             |
| Authority Request                        | 347,000            | (1,027,000)        | 680,000           | -           |
| <b>Double Check Authority</b>            | <b>124,146,000</b> | <b>79,854,000</b>  | <b>30,162,000</b> | 234,162,000 |
| ADJUSTMENTS                              |                    |                    |                   |             |
| <b>Revised Authority Request</b>         | <b>347,000</b>     | <b>(1,027,000)</b> | <b>680,000</b>    |             |

Department of Social and Health Services

**DP Code/Title: M2-3D RSN Rate Update**  
**Program Level - 030 BHSIA - Mental Health**

Budget Period: 2015-17 Version: C1 030 2015-17 Final 2-YR LEG Budget

**Recommendation Summary Text:**

The Behavioral Health Integration Services requests a funding placeholder for Regional Support Networks rate adjustment in order to carry rates developed after the 2014 Supplemental budget into the next biennium.

**Fiscal Detail:**

**Operating Expenditures**

**FY 1**

**FY 2**

**Total**

**Overall Funding**

*Program Cost*

**Total Cost**

**Staffing**

**Package Description:**

**Problem Statement**

The Regional Support Network funding is based on the Medical Forecast Council Forecast and actuarially developed rates. The rates were updated after the completion of the 2014 Supplemental Budget and need to be carried into the 2015-17 biennium. The placeholder is a result of the RSN rate and forecast model being updated for the changes in the forecasting methodology which changed with the implementation of Health Care Reform.

**Proposed Solution**

Once the model completed, the funding for this budget request will be calculated.

Agency Contact: Martha Brenna (360) 902-8194

Program Contact: Sara Corbin (360)725-3749

**Narrative Justification and Impact Statement**

*What specific performance outcomes does the agency expect?*

The budget request supports DSHS Goal 1: Health - Each individual and each community will be healthy.

*Performance Measure Detail*

**Agency Level**

**Activity: C017 Community Mental Health Prepaid Health Services**

No measures linked to package

**Incremental Changes**

**FY 1**

**FY 2**

0.00

0.00

*Is this decision package essential to implement a strategy identified in the agency's strategic plan?*

The decision package is essential to implementing the BHSIA Strategic Objectives 1.2: Increase the number of adults(18 and older) receiving outpatient mental health services and 1.3: Increase the number of youth (underage 18) receiving outpatient mental health services while maintaining or decreasing current inpatient utilization levels.

Department of Social and Health Services

**DP Code/Title: M2-3D RSN Rate Update**  
**Program Level - 030 BHSIA - Mental Health**

Budget Period: 2015-17 Version: C1 030 2015-17 Final 2-YR LEG Budget

*Does this decision package provide essential support to one or more of the Governor's Results Washington priorities?*

This decision package supports the Results Washington Goal 4: Healthy and Safe Communities - Fostering the health of Washingtonians from a healthy start to a safe and supported future.

*What are the other important connections or impacts related to this proposal?*

Regional Support Networks will support this rate adjustment.

*What alternatives were explored by the agency, and why was this alternative chosen?*

The request cannot be absorbed within existing resources for the following reason: funding is not available.

*What are the consequences of adopting or not adopting this package?*

RSNs will be able to serve the eligible population.

*What is the relationship, if any, to the state's capital budget?*

This request has no impact on the capital budget.

*What changes would be required to existing statutes, rules, or contracts, in order to implement the change?*

Contracts will need to be amended to incorporate the rate adjustment.

*Expenditure and revenue calculations and assumptions*

The funding will be allocated to the Regional Support Networks based on the actuarially developed rate range.

*Which costs and functions are one-time? Which are ongoing? What are the budget impacts in future biennia?*

These costs are ongoing and will carry forward into future biennia.

| <u>Object Detail</u> | <u>FY 1</u> | <u>FY 2</u> | <u>Total</u> |
|----------------------|-------------|-------------|--------------|
| Overall Funding      |             |             |              |
| Program Totals       |             |             |              |

**DSHS Source Code Detail**

| <u>Overall Funding</u> | <u>FY 1</u> | <u>FY 2</u> | <u>Total</u> |
|------------------------|-------------|-------------|--------------|
| Fund ,                 |             |             |              |
| <u>Sources Title</u>   |             |             |              |

*Total for Fund*

**Total Overall Funding**

**Totals for all funds**

**Department of Social and Health Services**

**DP Code/Title: M2-3F Competency Restoration Ward**

**Program Level - 030 BHSIA - Mental Health**

Budget Period: 2015-17 Version: C1 030 2015-17 Final 2-YR LEG Budget

**Recommendation Summary Text:**

The Behavioral Health and Service Integration Administration (BHSIA) requests funding to open an additional 30 bed forensic ward at Western State Hospital (WSH) and five additional beds and three clinical staff at Eastern State Hospital (ESH) to address the increasing demand for inpatient court ordered competency restoration and forensic services for patients found not guilty by reason of insanity. By funding this request, BHSIA will greatly reduce the current waiting list of defendants awaiting admission into the state hospitals for forensic services.

**Fiscal Detail:**

**Operating Expenditures**

|  | <u>FY 1</u>      | <u>FY 2</u>      | <u>Total</u>      |
|--|------------------|------------------|-------------------|
| <b>Overall Funding</b>                   |                  |                  |                   |
| 001-1 General Fund - Basic Account-State | 5,305,000        | 6,417,000        | 11,722,000        |
| <b>Total Cost</b>                        | <b>5,305,000</b> | <b>6,417,000</b> | <b>11,722,000</b> |

**Staffing**

|                    | <u>FY 1</u> | <u>FY 2</u> | <u>Annual Avg</u> |
|--------------------|-------------|-------------|-------------------|
| <b>Agency FTEs</b> | <b>46.0</b> | <b>60.2</b> | <b>53.1</b>       |

**Package Description:**

**Problem Statement**

The demand for forensic inpatient services exceeds the available bed capacity in the state hospitals. WSH Center for Forensic Services (CFS), as of August 6th, had a waitlist for admissions to CFS of 102 mentally ill inmates pending court ordered competency restoration treatment. On the same date the treatment wards in the Forensic Services unit at ESH were at capacity and additional forensic patients were being served on civil wards. Both hospitals are operating at capacity and there is nothing on the horizon to indicate that the current increased demand will be alleviated. This lack of capacity has resulted in an extended waitlist for CFS with several state district and superior courts holding show cause hearings on a regular basis and finding the hospitals in contempt.

Enhanced operating efficiencies have absorbed some of this demand until now, but current demand cannot be met within the existing bed capacity. CFS anticipates a minimum of a 20 bed shortfall in FY15, which accounts for the waitlist for admissions. Many of these forensic patients are eventually transferred to civil beds which will cause increased demand for civil beds.

**Proposed Solution**

To address the need for increased forensic bed capacity, it is proposed to add five forensic beds to an existing ward at ESH and to establish one additional 30 bed forensic ward dedicated to Competency Restorations at WSH. In order to ensure that the Competency Restoration Program is operating as effectively and efficiently as possible we are also proposing to add three clinical staff to redesign and implement an evidence based competency restoration program that is consistent across the state hospitals and could be used at outpatient community based restoration programs.

Agency Contact: Martha Brenna (360) 902-8194  
 Program Contact: Victoria Roberts (360) 725-3715

**Narrative Justification and Impact Statement**

*What specific performance outcomes does the agency expect?*

Department of Social and Health Services

**DP Code/Title: M2-3F Competency Restoration Ward**

**Program Level - 030 BHSIA - Mental Health**

Budget Period: 2015-17 Version: C1 030 2015-17 Final 2-YR LEG Budget

The budget request supports DSHS Goal 1: Health - Each individual and each community will be healthy and 2: Safety - Each individual and each community will be safe.

***Performance Measure Detail***

**Agency Level**

**Activity: C063 Mental Health Facilities Services**

No measures linked to package

**Incremental Changes**

**FY 1**

**FY 2**

0.00

0.00

***Is this decision package essential to implement a strategy identified in the agency's strategic plan?***

The decision package is essential to implementing the BHSIA's Strategic Objective 2.1: Decrease the number of adults waiting in jail more than seven days for inpatient competency evaluations at Eastern and Western State Hospitals.

***Does this decision package provide essential support to one or more of the Governor's Results Washington priorities?***

***What are the other important connections or impacts related to this proposal?***

County Law Enforcement/Jails, County Courts, State Hospital Forensic Programs and State Hospital Unions will support this request.

***What alternatives were explored by the agency, and why was this alternative chosen?***

The request cannot be absorbed within existing resources for the following reasons because funding is not available.

***What are the consequences of adopting or not adopting this package?***

This proposal will improve the efficiency and effectiveness of the competency restoration process that involves the state psychiatric hospitals, courts, and law enforcement.

***What is the relationship, if any, to the state's capital budget?***

This request has no impact on the capital budget.

***What changes would be required to existing statutes, rules, or contracts, in order to implement the change?***

This request has no impact to existing statutes, rules or contracts.

***Expenditure and revenue calculations and assumptions***

The cost of the competency ward was developed based on an existing acute care ward including ancillary costs using the staffing model.

***Which costs and functions are one-time? Which are ongoing? What are the budget impacts in future biennia?***

These costs are ongoing and will carry forward into future biennia.

**Department of Social and Health Services**

**DP Code/Title: M2-3F Competency Restoration Ward**

**Program Level - 030 BHSIA - Mental Health**

Budget Period: 2015-17 Version: C1 030 2015-17 Final 2-YR LEG Budget

| <u>Object Detail</u>          | <u>FY 1</u>      | <u>FY 2</u>      | <u>Total</u>      |
|-------------------------------|------------------|------------------|-------------------|
| <b>Overall Funding</b>        |                  |                  |                   |
| A Salaries And Wages          | 2,853,000        | 3,658,000        | 6,511,000         |
| B Employee Benefits           | 1,327,000        | 1,726,000        | 3,053,000         |
| E Goods\Other Services        | 698,000          | 922,000          | 1,620,000         |
| J Capital Outlays             | 343,000          | 0                | 343,000           |
| P Debt Service                | 15,000           | 20,000           | 35,000            |
| T Intra-Agency Reimbursements | 69,000           | 91,000           | 160,000           |
| <b>Total Objects</b>          | <b>5,305,000</b> | <b>6,417,000</b> | <b>11,722,000</b> |

**DSHS Source Code Detail**

| <u>Overall Funding</u>                                | <u>FY 1</u>      | <u>FY 2</u>      | <u>Total</u>      |
|---|------------------|------------------|-------------------|
| <b>Fund 001-1, General Fund - Basic Account-State</b> |                  |                  |                   |
| <b><u>Sources Title</u></b>                           |                  |                  |                   |
| 0011 General Fund State                               | 5,305,000        | 6,417,000        | 11,722,000        |
| <b>Total for Fund 001-1</b>                           | <b>5,305,000</b> | <b>6,417,000</b> | <b>11,722,000</b> |
| <b>Total Overall Funding</b>                          | <b>5,305,000</b> | <b>6,417,000</b> | <b>11,722,000</b> |

**Department of Social and Health Services**

**DP Code/Title: M2-3I Hospital Shortfall**  
**Program Level - 030 BHSIA - Mental Health**

Budget Period: 2015-17 Version: C1 030 2015-17 Final 2-YR LEG Budget

**Recommendation Summary Text:**

The Behavioral Health and Service Integration Administration (BHSIA) requests funding in order to cover the shortfall of current expenditures versus budgeted levels at Eastern and Western state hospitals. By funding this request, the state hospitals will be able to effectively manage the state hospital system within current staffing levels.

**Fiscal Detail:**

| <u>Operating Expenditures</u>            | <u>FY 1</u>      | <u>FY 2</u>      | <u>Total</u>      |
|--|------------------|------------------|-------------------|
| <b>Overall Funding</b>                   |                  |                  |                   |
| 001-1 General Fund - Basic Account-State | 5,623,000        | 5,785,000        | 11,408,000        |
| <b>Total Cost</b>                        | <b>5,623,000</b> | <b>5,785,000</b> | <b>11,408,000</b> |

Staffing

**Package Description:**

**Problem Statement**

The legislature provided one-time funding in FY2014 to cover over-expenditures at Eastern and Western State hospitals, primarily driven by increased overtime. The legislature directed Department of Social and Health Services (DSHS) to reduce the use of overtime. DSHS responded to that direction by increasing float pools, on-call staff, and nursing care positions. In addition, DSHS management has proposed changes to compensatory time, exchange time, overtime distribution, and other attendance policies.

**Proposed Solution**

BHSIA requests ongoing funding to maintain the current level of staff coverage at Eastern and Western State hospitals. This request is based on detailed analysis of current expenses compared to future allotments. If this request is not funded, recent collaborative efforts by DSHS and labor organizations to address the problem will be compromised.

Agency Contact: Martha Brenna (360) 902-8194  
 Program Contact: Melissa Clarey (360) 725-1675

**Narrative Justification and Impact Statement**

*What specific performance outcomes does the agency expect?*

The budget request supports DSHS Goal 2: Safety - Each individual and each community will be safe.

***Performance Measure Detail***

**Agency Level**

**Activity: C063 Mental Health Facilities Services**

No measures linked to package

| <b>Incremental Changes</b> |             |
|----------------------------|-------------|
| <u>FY 1</u>                | <u>FY 2</u> |
| 0.00                       | 0.00        |

*Is this decision package essential to implement a strategy identified in the agency's strategic plan?*

The budget request supports DSHS Goal 2: Safety - Each individual and each community will be safe.

The decision package is essential to implementing the BHSIA Strategic Objectives: 1.8: Decrease the quarterly rates of

**Department of Social and Health Services**

**DP Code/Title: M2-3I Hospital Shortfall**  
**Program Level - 030 BHSIA - Mental Health**

Budget Period: 2015-17 Version: C1 030 2015-17 Final 2-YR LEG Budget

patient seclusion hours at Eastern State Hospital and Western State Hospital; and 1.9: Maintain the quarterly rates of restraint use at Eastern State Hospital and decrease the quarterly rates of restraint use at Western State Hospital.

*Does this decision package provide essential support to one or more of the Governor's Results Washington priorities?*

This decision package supports the Results Washington goal 4: Healthy and Safe Communities - Fostering the health of Washingtonians from a healthy start to a safe and supported future.

*What are the other important connections or impacts related to this proposal?*

This decision package will be supported by the State Hospital Ad Hoc Safety Committee.

*What alternatives were explored by the agency, and why was this alternative chosen?*

The request cannot be absorbed within existing resources because the current funding levels do not support hospital operations.

*What are the consequences of adopting or not adopting this package?*

Funding this request is essential to good patient care.

*What is the relationship, if any, to the state's capital budget?*

This request has no impact on the capital budget.

*What changes would be required to existing statutes, rules, or contracts, in order to implement the change?*

This request has no impact to existing statutes, rules or contracts.

***Expenditure and revenue calculations and assumptions***

See attachment: 030 BHSIA Hospital Shortfall.xlsb

*Which costs and functions are one-time? Which are ongoing? What are the budget impacts in future biennia?*

These costs are ongoing and will carry forward into future biennia.

| <b><u>Object Detail</u></b>          | <b><u>FY 1</u></b> | <b><u>FY 2</u></b> | <b><u>Total</u></b> |
|--------------------------------------|--------------------|--------------------|---------------------|
| <b>Overall Funding</b>               |                    |                    |                     |
| A Salaries And Wages                 | 1,821,000          | 1,611,000          | 3,432,000           |
| B Employee Benefits                  | 2,448,000          | 3,366,000          | 5,814,000           |
| C Professional Svc Contracts         | 18,000             | 28,000             | 46,000              |
| E Goods\Other Services               | (808,000)          | (1,405,000)        | (2,213,000)         |
| G Travel                             | 30,000             | 30,000             | 60,000              |
| J Capital Outlays                    | 347,000            | 347,000            | 694,000             |
| N Grants, Benefits & Client Services | (79,000)           | (49,000)           | (128,000)           |
| P Debt Service                       | (182,000)          | (177,000)          | (359,000)           |
| S Interagency Reimbursements         | (170,000)          | (165,000)          | (335,000)           |
| T Intra-Agency Reimbursements        | 2,198,000          | 2,199,000          | 4,397,000           |
| <b>Total Objects</b>                 | <b>5,623,000</b>   | <b>5,785,000</b>   | <b>11,408,000</b>   |

**Department of Social and Health Services**

**DP Code/Title: M2-3I Hospital Shortfall**  
**Program Level - 030 BHSIA - Mental Health**

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Budget Period: 2015-17    Version: C1 030 2015-17 Final 2-YR LEG Budget

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**DSHS Source Code Detail**

| <b>Overall Funding</b>                                |                     | <b><u>FY 1</u></b> | <b><u>FY 2</u></b> | <b><u>Total</u></b> |
|---|---------------------|--------------------|--------------------|---------------------|
| <b>Fund 001-1, General Fund - Basic Account-State</b> |                     |                    |                    |                     |
| <b><u>Sources</u></b>                                 | <b><u>Title</u></b> |                    |                    |                     |
| 0011  | General Fund State  | 5,623,000          | 5,785,000          | 11,408,000          |
| <i>Total for Fund 001-1</i>                           |                     | <u>5,623,000</u>   | <u>5,785,000</u>   | <u>11,408,000</u>   |
| <b>Total Overall Funding</b>                          |                     | <u>5,623,000</u>   | <u>5,785,000</u>   | <u>11,408,000</u>   |

**2015-17 BUDGET**  
**Hospital Shortfall**

| <b>Budget Unit</b>                   | <b>FY 2016 FTEs</b> | <b>FY 2016 Base</b> | <b>FY 2016 Projected Expenditure</b> | <b>FY 2016 Projected Variance</b> |
|--------------------------------------|---------------------|---------------------|--------------------------------------|-----------------------------------|
| <b>Eastern State Hospital</b>        | <b>705.3</b>        | <b>60,337,000</b>   | <b>62,064,000</b>                    | <b>(1,728,000)</b>                |
| <b>Western State Hospital</b>        | <b>1,768.1</b>      | <b>163,772,000</b>  | <b>167,016,000</b>                   | <b>(3,244,000)</b>                |
| <b>CSTC</b>                          | <b>129.6</b>        | <b>11,278,000</b>   | <b>11,114,000</b>                    | <b>163,000</b>                    |
| <b>Hospital Revenue and Projects</b> | <b>6.5</b>          | <b>910,000</b>      | <b>910,000</b>                       | <b>-</b>                          |
| <b>Consolidated Services</b>         | <b>8.7</b>          | <b>4,731,000</b>    | <b>4,997,000</b>                     | <b>(266,000)</b>                  |
| <b>Term Leave</b>                    |                     |                     | <b>548,000</b>                       | <b>(548,000)</b>                  |
| <b>Total</b>                         |                     | <b>241,028,000</b>  | <b>246,101,000</b>                   | <b>(5,623,000)</b>                |

| <b>Budget Unit</b>                   | <b>FY 2017 FTEs</b> | <b>FY 2017 Base</b> | <b>FY 2017 Projected Expenditure</b> | <b>FY 2017 Projected Variance</b> |
|--------------------------------------|---------------------|---------------------|--------------------------------------|-----------------------------------|
| <b>Eastern State Hospital</b>        | <b>699.6</b>        | <b>59,737,000</b>   | <b>61,168,000</b>                    | <b>(1,432,000)</b>                |
| <b>Western State Hospital</b>        | <b>1,743.1</b>      | <b>163,840,000</b>  | <b>167,016,000</b>                   | <b>(3,176,000)</b>                |
| <b>CSTC</b>                          | <b>129.4</b>        | <b>10,972,000</b>   | <b>11,112,000</b>                    | <b>(141,000)</b>                  |
| <b>Hospital Revenue and Projects</b> | <b>6.5</b>          | <b>897,000</b>      | <b>897,000</b>                       | <b>-</b>                          |
| <b>Consolidated Services</b>         | <b>8.7</b>          | <b>4,508,000</b>    | <b>4,997,000</b>                     | <b>(488,000)</b>                  |
| <b>Term Leave</b>                    |                     |                     | <b>548,000</b>                       | <b>(548,000)</b>                  |
| <b>Total</b>                         |                     | <b>239,954,000</b>  | <b>245,190,000</b>                   | <b>(5,785,000)</b>                |

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Department of Social and Health Services

**DP Code/Title: M2-3J Single Bed Certification**

**Program Level - 030 BHSIA - Mental Health**

Budget Period: 2015-17 Version: C1 030 2015-17 Final 2-YR LEG Budget

**Recommendation Summary Text:**

The Behavioral Health and Service Integration Administration (BHSIA) requests funding to purchase mental health services necessary to end the use of single bed certifications in settings in which individuals detained for involuntary treatment do not receive appropriate treatment. By funding this request, BHSIA is expected to comply with the State Supreme Court decision in the case of D.W etc. al vs The Department of Social and Health Services and Pierce County (<http://www.courts.wa.gov/opinions/pdf/901104.pdf>).

**Fiscal Detail:**

Operating Expenditures

FY 1

FY 2

Total

**Overall Funding**

*Program Cost*

**Total Cost**

Staffing

**Package Description:**

Problem Statement

RCW 71.05 provides for the involuntary detention of persons who, as a result of a mental disorder, are a danger to themselves or others or are gravely disabled. Detention must be to an Evaluation and Treatment (E&T) facility certified by the Department. When there is no E&T bed available, the Department provides temporary single bed certification in hospital emergency departments and acute care settings. This practice is commonly referred to as 'psychiatric boarding'. In 2013, ten involuntarily detained patients petitioned for release. They were joined by two community hospital systems and the case was heard by the Washington State Supreme Court. On August 7, 2014, the Court, in a 9-0 decision, found that when an individual is involuntarily detained for evaluation, stabilization and treatment, RCW 71.05 requires that they be held in a certified evaluation and treatment facility, which is defined in state law. The court further found that RCW 71.05 authorizes single bed certifications for specific reasons related to an individual's treatment needs, but that it does not allow single bed certifications to avoid overcrowding certified evaluation and treatment facilities.

Currently, Regional Support Networks (RSNs) administer the state's community mental health system and pay for community based evaluation and treatment services. However, there has been a long standing and well documented shortage of acute psychiatric beds for RSNs to use. In 2011, the Washington State Institute for Public Policy (WSIPP) provided a study for the Legislature that addressed inpatient capacity. The WSIPP study noted that a 2009 American Hospital Association survey ranked Washington 47th among all states in community psychiatric bed capacity. The Legislature has added crisis diversion and evaluation and treatment capacity over the last two years to address changes in RCW 71.05, but this increased capacity does not fully address the underlying shortage of beds and crisis diversion services. This funding is necessary for community mental health to begin paying for evaluation and treatment in community psychiatric facilities as well as to fund crisis diversion services and programs. Several facilities have agreed to develop additional bed capacity. If this proposal is not funded, the state would not be able to comply with the Supreme Court ruling.

Proposed Solution

The request is for funding to support evaluation and treatment and crisis diversion services necessary to comply with the Supreme Court's decision. All services will be developed and operational by the end of 2015. Additionally, this request is for 5.5 FTEs to support capacity development, contract oversight, single bed certification timely processing, data compilation and analysis, financial

Department of Social and Health Services

**DP Code/Title: M2-3J Single Bed Certification**

**Program Level - 030 BHSIA - Mental Health**

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Budget Period: 2015-17 Version: C1 030 2015-17 Final 2-YR LEG Budget

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reporting, and reconciliation.

Agency Contact: Martha Brenna (360) 902-8194  
Program Contact: Victoria Roberts (360) 725-3715

**Narrative Justification and Impact Statement**

*What specific performance outcomes does the agency expect?*

***Performance Measure Detail***

**Agency Level**

*Is this decision package essential to implement a strategy identified in the agency's strategic plan?*

The budget request supports DSHS Goal number 1: Health - Each individual and each community will be healthy. It also supports DSHS goal number 2 Safety - Each individual and each community will be safe.

*Does this decision package provide essential support to one or more of the Governor's Results Washington priorities?*

This decision package supports the Results Washington Goal 4: Healthy and Safe Communities - Fostering the health of Washingtonians from a healthy start to a safe and supported future.

*What are the other important connections or impacts related to this proposal?*

*What alternatives were explored by the agency, and why was this alternative chosen?*

A long-term plan for the 2015-17 biennium is being developed. The alternatives being considered include increased evaluation and treatment capacity, use of state hospital beds, use of community hospital beds and other options.

*What are the consequences of adopting or not adopting this package?*

The decision package is essential to the State's compliance with the Supreme Court mandate in D.W. v DSHS.

*What is the relationship, if any, to the state's capital budget?*

This request has no impact on the capital budget.

*What changes would be required to existing statutes, rules, or contracts, in order to implement the change?*

The long term plan being developed may include changes to statute, rules or contracts.

***Expenditure and revenue calculations and assumptions***

A cost estimate will be provided once the long-term plan is finalized. In addition, with the federal waiver granting funding of institutions for mental diseases (IMD facilities), allocation between funding sources is in development.

*Which costs and functions are one-time? Which are ongoing? What are the budget impacts in future biennia?*

These costs are ongoing and will carry forward into future biennia.

Department of Social and Health Services

DP Code/Title: **M2-3J Single Bed Certification**

Program Level - **030 BHSIA - Mental Health**

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Budget Period: 2015-17    Version: C1 030 2015-17 Final 2-YR LEG Budget

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| <u>Object Detail</u> | <u>FY 1</u> | <u>FY 2</u> | <u>Total</u> |
|----------------------|-------------|-------------|--------------|
|----------------------|-------------|-------------|--------------|

Overall Funding

Program Totals

DSHS Source Code Detail

| Overall Funding | <u>FY 1</u> | <u>FY 2</u> | <u>Total</u> |
|-----------------|-------------|-------------|--------------|
|-----------------|-------------|-------------|--------------|

Fund ,

Sources Title

*Total for Fund*

**Total Overall Funding**

**Totals for all funds**

**Department of Social and Health Services**

**DP Code/Title: M2-8L Lease Rate Adjustments**  
**Program Level - 030 BHSIA - Mental Health**

Budget Period: 2015-17 Version: C1 030 2015-17 Final 2-YR LEG Budget

**Recommendation Summary Text:**

The Department of Social and Health Services (DSHS) requests funding for the incremental cost of lease changes for offices and client service centers statewide.

**Fiscal Detail:**

| <u>Operating Expenditures</u>                       | <u>FY 1</u>     | <u>FY 2</u>     | <u>Total</u>    |
|---|-----------------|-----------------|-----------------|
| <b>Overall Funding</b>                              |                 |                 |                 |
| 001-1 General Fund - Basic Account-State            | (37,000)        | (33,000)        | (70,000)        |
| 001-C General Fund - Basic Account-Medicaid Federal | (3,000)         | (2,000)         | (5,000)         |
| <b>Total Cost</b>                                   | <b>(40,000)</b> | <b>(35,000)</b> | <b>(75,000)</b> |

Staffing

**Package Description:**

DSHS requests to fund the rate change associated with a total of 176 leases and sub-leases. These facilities house over 11,000 staff and community partners who provide mission-critical services and administrative support to an estimated 2.5 million DSHS clients annually. Currently, DSHS leases over 3.1 million square feet of space in 135 facilities statewide.

Agency Contact: Charles Wang (360) 902-8154

**Narrative Justification and Impact Statement**

*What specific performance outcomes does the agency expect?*

DSHS is legally obligated to provide services to its estimated 2.5 million clients across the state. To accomplish this mission, DSHS must have accessible American Disability Act (ADA) Compliant office locations across the state, which allow staff to meet with clients and provide them services.

***Performance Measure Detail***

**Agency Level**

**Activity: C900 Program Support - Mental Health**

No measures linked to package

**Incremental Changes**

FY 1

FY 2

0.00

0.00

*Is this decision package essential to implement a strategy identified in the agency's strategic plan?*

The budget request supports DSHS Goal:

5: Public Trust - Strong management practices will be used to ensure quality and efficiency

*Does this decision package provide essential support to one or more of the Governor's Results Washington priorities?*

This package supports the Results Washington goals to:

Goal 4: Healthy and Safe Communities - Fostering the health of Washingtonians from a healthy start to a safe and supported future.

Department of Social and Health Services

**DP Code/Title: M2-8L Lease Rate Adjustments**

**Program Level - 030 BHSIA - Mental Health**

Budget Period: 2015-17 Version: C1 030 2015-17 Final 2-YR LEG Budget

Goal 5: Effective, Efficient and Accountable Government - Fostering a Lean culture that drives accountability and results for the people of Washington.

*What are the other important connections or impacts related to this proposal?*

None

*What alternatives were explored by the agency, and why was this alternative chosen?*

The request cannot be absorbed within existing resources. DSHS has no alternative but to pay its legally binding lease obligations, which may range from five-year to 15-year terms. Not funding this request will decrease the agency's ability to serve our clients' needs. Funding will need to be diverted from other client services in order to support this expenditure.

*What are the consequences of adopting or not adopting this package?*

Funding this request will prevent negative impacts on client services.

*What is the relationship, if any, to the state's capital budget?*

This request has no impact on the capital budget.

*What changes would be required to existing statutes, rules, or contracts, in order to implement the change?*

This request has no impact to existing statutes, rules or contracts.

*Expenditure and revenue calculations and assumptions*

See attachment: AW Lease Rate Adjustments.xlsx

*Which costs and functions are one-time? Which are ongoing? What are the budget impacts in future biennia?*

These costs are ongoing and will carry forward into future biennia.

| <u>Object Detail</u>   | <u>FY 1</u> | <u>FY 2</u> | <u>Total</u> |
|------------------------|-------------|-------------|--------------|
| <b>Overall Funding</b> |             |             |              |
| E Goods\Other Services | (40,000)    | (35,000)    | (75,000)     |

**Department of Social and Health Services**

**DP Code/Title: M2-8L Lease Rate Adjustments**

**Program Level - 030 BHSIA - Mental Health**

Budget Period: 2015-17 Version: C1 030 2015-17 Final 2-YR LEG Budget

**DSHS Source Code Detail**

| <b>Overall Funding</b>   |                              | <b><u>FY 1</u></b> | <b><u>FY 2</u></b> | <b><u>Total</u></b> |
|--|------------------------------|--------------------|--------------------|---------------------|
| <b>Fund 001-1, General Fund - Basic Account-State</b>            |                              |                    |                    |                     |
| <b><u>Sources</u></b>  | <b><u>Title</u></b>          |                    |                    |                     |
| 0011   | General Fund State           | (37,000)           | (33,000)           | (70,000)            |
|  | <i>Total for Fund 001-1</i>  | <u>(37,000)</u>    | <u>(33,000)</u>    | <u>(70,000)</u>     |
| <b>Fund 001-C, General Fund - Basic Account-Medicaid Federal</b> |                              |                    |                    |                     |
| <b><u>Sources</u></b>  | <b><u>Title</u></b>          |                    |                    |                     |
| 19TA   | Title XIX Assistance (FMAP)  | (3,000)            | (2,000)            | (5,000)             |
|  | <i>Total for Fund 001-C</i>  | <u>(3,000)</u>     | <u>(2,000)</u>     | <u>(5,000)</u>      |
|  | <b>Total Overall Funding</b> | <u>(40,000)</u>    | <u>(35,000)</u>    | <u>(75,000)</u>     |

**2015-17 Biennial Budget  
Lease Rate Adjustments**

Department of Social & Health Services

| Program     | State       |             |             | Other       |             |             | Total       |             |             |
|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
|             | 2016        | 2017        | Total       | 2016        | 2017        | Total       | 2016        | 2017        | Total       |
| 010 - CA    | \$340,000   | \$830,000   | \$1,170,000 | \$36,000    | \$87,000    | \$123,000   | \$376,000   | \$917,000   | \$1,293,000 |
| 020 - JRA   | (\$36,000)  | \$219,000   | \$183,000   | \$0         | \$0         | \$0         | (\$36,000)  | \$219,000   | \$183,000   |
| 030 - MHD   | (\$37,000)  | (\$33,000)  | (\$70,000)  | (\$3,000)   | (\$2,000)   | (\$5,000)   | (\$40,000)  | (\$35,000)  | (\$75,000)  |
| 040 - DDD   | \$346,000   | \$703,000   | \$1,049,000 | \$241,000   | \$488,000   | \$729,000   | \$587,000   | \$1,191,000 | \$1,778,000 |
| 050 - LTC   | \$76,000    | (\$20,000)  | \$56,000    | (\$20,000)  | (\$107,000) | (\$127,000) | \$56,000    | (\$127,000) | (\$71,000)  |
| 060 - ESA   | (\$174,000) | \$288,000   | \$114,000   | (\$104,000) | \$173,000   | \$69,000    | (\$278,000) | \$461,000   | \$183,000   |
| 070 - ASA   | (\$58,000)  | (\$51,000)  | (\$109,000) | (\$13,000)  | (\$12,000)  | (\$25,000)  | (\$71,000)  | (\$63,000)  | (\$134,000) |
| 100 - DVR   | \$299,000   | \$309,000   | \$608,000   | \$0         | \$0         | \$0         | \$299,000   | \$309,000   | \$608,000   |
| 110 - ADMIN | \$114,000   | \$210,000   | \$324,000   | \$25,000    | \$46,000    | \$71,000    | \$139,000   | \$256,000   | \$395,000   |
| 135 - SCC   | (\$25,000)  | (\$24,000)  | (\$49,000)  | \$0         | \$0         | \$0         | (\$25,000)  | (\$24,000)  | (\$49,000)  |
| Total       | \$845,000   | \$2,431,000 | \$3,276,000 | \$162,000   | \$673,000   | \$835,000   | \$1,007,000 | \$3,104,000 | \$4,111,000 |

| Program     | Total Request                          |           |           | Lease Matrix          |            |             | On-Going Leases Only              |            |             |
|-------------|--|-----------|-----------|-----------------------|------------|-------------|-----------------------------------|------------|-------------|
|             | 2015-17 Biennium Request (Incremental) |           |           | 2015-17 Biennium Need |            |             | 2015-17 Total Carry Forward Level |            |             |
|             | FY 2016                                | FY 2017   | Total     | FY 2016               | FY 2017    | Total       | FY 2016                           | FY 2017    | Total       |
| 010 - CA    | 376,000                                | 917,000   | 1,293,000 | 16,901,000            | 17,559,000 | 34,460,000  | 16,525,000                        | 16,642,000 | 33,167,000  |
| 020 - JRA   | (36,000)                               | 219,000   | 183,000   | 805,000               | 1,037,000  | 1,842,000   | 841,000                           | 818,000    | 1,659,000   |
| 030 - MHD   | (40,000)                               | (35,000)  | (75,000)  | 380,000               | 385,000    | 765,000     | 420,000                           | 420,000    | 840,000     |
| 040 - DDD   | 587,000                                | 1,191,000 | 1,778,000 | 4,062,000             | 4,787,000  | 8,849,000   | 3,475,000                         | 3,596,000  | 7,071,000   |
| 050 - LTC   | 56,000                                 | (127,000) | (71,000)  | 8,053,000             | 8,432,000  | 16,485,000  | 7,997,000                         | 8,559,000  | 16,556,000  |
| 060 - ESA   | (278,000)                              | 461,000   | 183,000   | 27,648,000            | 28,424,000 | 56,072,000  | 27,926,000                        | 27,963,000 | 55,889,000  |
| 070 - ASA   | (71,000)                               | (63,000)  | (134,000) | 290,000               | 290,000    | 580,000     | 361,000                           | 353,000    | 714,000     |
| 100 - DVR   | 299,000                                | 309,000   | 608,000   | 2,670,000             | 2,680,000  | 5,350,000   | 2,371,000                         | 2,371,000  | 4,742,000   |
| 110 - ADMIN | 139,000                                | 256,000   | 395,000   | 441,000               | 554,000    | 995,000     | 302,000                           | 298,000    | 600,000     |
| 135 - SCC   | (25,000)                               | (24,000)  | (49,000)  | 305,000               | 306,000    | 611,000     | 330,000                           | 330,000    | 660,000     |
| Total       | 1,007,000                              | 3,104,000 | 4,111,000 | 61,555,000            | 64,454,000 | 126,009,000 | 60,548,000                        | 61,350,000 | 121,898,000 |

State of Washington  
**Decision Package**  
**Department of Social and Health Services**

**DP Code/Title: M2-8M Mileage Rate Adjustments**  
**Program Level - 030 BHSIA - Mental Health**

Budget Period: 2015-17    Version: C1 030 2015-17 Final 2-YR LEG Budget

**Recommendation Summary Text:**

The Department of Social and Health Services (DSHS) requests increased funding necessary to reimburse staff and volunteers for private automobile mileage. By funding this request, DSHS will be able to meet its base cost requirements. The number of total miles driven by agency employees and volunteers while conducting official state business has increased steadily since 2012.

**Fiscal Detail:**

| <u>Operating Expenditures</u>            | <u>FY 1</u>  | <u>FY 2</u>  | <u>Total</u> |
|--|--------------|--------------|--------------|
| <b>Overall Funding</b>                   |              |              |              |
| 001-1 General Fund - Basic Account-State | 4,000        | 4,000        | 8,000        |
| <b>Total Cost</b>                        | <b>4,000</b> | <b>4,000</b> | <b>8,000</b> |

Staffing

**Package Description:**

Current state travel regulations allow a reimbursement rate for the use of privately owned vehicles when traveling on official state businesses (In-Take Referrals for Child Abuse Investigations, Foster Home Visits, Domestic Violence Prevention, and New Employee Trainings, etc). While the reimbursement rate of \$0.560 per mile remained relatively flat compared to previous biennia, the number of total miles driven by agency employees and volunteers while conducting official state business has increased steadily since 2012.

Agency Contact: Charles Wang (360) 902-8154

**Narrative Justification and Impact Statement**

*What specific performance outcomes does the agency expect?*

Funding this request will strengthen the foundation for the current continuum of care and access to client services across the department.

***Performance Measure Detail***

**Agency Level**

**Activity: C900 Program Support - Mental Health**

No measures linked to package

**Incremental Changes**

**FY 1**

**FY 2**

0.00

0.00

*Is this decision package essential to implement a strategy identified in the agency's strategic plan?*

The budget request supports one of DSHS Goals:

Public Trust - Strong management practices will be used to ensure quality and efficiency

*Does this decision package provide essential support to one or more of the Governor's Results Washington priorities?*

This package supports the Results Washington goals to:

Goal 4: Healthy and Safe Communities - Fostering the health of Washingtonians from a healthy start to a safe and supported

**Department of Social and Health Services**

**DP Code/Title: M2-8M Mileage Rate Adjustments**

**Program Level - 030 BHSIA - Mental Health**

Budget Period: 2015-17 Version: C1 030 2015-17 Final 2-YR LEG Budget

future.

Goal 5: Effective, Efficient and Accountable Government - Fostering a Lean culture that drives accountability and results for the people of Washington.

*What are the other important connections or impacts related to this proposal?*

None

*What alternatives were explored by the agency, and why was this alternative chosen?*

The request cannot be absorbed within existing resources. Not funding this request will decrease the agency's ability to meet our clients' needs. Funding will need to be diverted from other client services in order to support this expenditure.

*What are the consequences of adopting or not adopting this package?*

Funding this request will prevent any negative impact on client services.

*What is the relationship, if any, to the state's capital budget?*

This request has no impact on the capital budget.

*What changes would be required to existing statutes, rules, or contracts, in order to implement the change?*

This request has no impact to existing statutes, rules or contracts.

*Expenditure and revenue calculations and assumptions*

See attachment: AW Mileage Rate Adjustments.xlsb

*Which costs and functions are one-time? Which are ongoing? What are the budget impacts in future biennia?*

These costs are ongoing and will carry forward into future biennia.

| <u>Object Detail</u>          | <u>FY 1</u>  | <u>FY 2</u>  | <u>Total</u> |
|-------------------------------|--------------|--------------|--------------|
| <b>Overall Funding</b>        |              |              |              |
| G Travel                      | 3,000        | 3,000        | 6,000        |
| T Intra-Agency Reimbursements | 1,000        | 1,000        | 2,000        |
| <b>Total Objects</b>          | <b>4,000</b> | <b>4,000</b> | <b>8,000</b> |

**DSHS Source Code Detail**

| <u>Overall Funding</u>                                | <u>FY 1</u>  | <u>FY 2</u>  | <u>Total</u> |
|---|--------------|--------------|--------------|
| <b>Fund 001-1, General Fund - Basic Account-State</b> |              |              |              |
| <b><u>Sources Title</u></b>                           |              |              |              |
| 0011 General Fund State                               | 4,000        | 4,000        | 8,000        |
| <i>Total for Fund 001-1</i>                           | <b>4,000</b> | <b>4,000</b> | <b>8,000</b> |
| <b>Total Overall Funding</b>                          | <b>4,000</b> | <b>4,000</b> | <b>8,000</b> |

**2015-17 Biennial Budget  
Mileage Rate Adjustments**

Department of Social & Health Services

| Program      | Year           |                |                | ISSD - TZ |          |          | Total          |                |                |
|--------------|----------------|----------------|----------------|-----------|----------|----------|----------------|----------------|----------------|
|              | 2016           | 2017           | Total          | 2016      | 2017     | Total    | 2016           | 2017           | Total          |
| 010          | 255,000        | 255,000        | 510,000        | 2,000     | 2,000    | 4,000    | 257,000        | 257,000        | 514,000        |
| 020          | 4,000          | 4,000          | 8,000          | 1,000     | 1,000    | 2,000    | 5,000          | 5,000          | 10,000         |
| 030          | 3,000          | 3,000          | 6,000          | 1,000     | 1,000    | 2,000    | 4,000          | 4,000          | 8,000          |
| 040          | 42,000         | 42,000         | 84,000         | 1,000     | 1,000    | 2,000    | 43,000         | 43,000         | 86,000         |
| 050          | 34,000         | 34,000         | 68,000         | 1,000     | 1,000    | 2,000    | 35,000         | 35,000         | 70,000         |
| 060          | 42,000         | 42,000         | 84,000         | 5,000     | 5,000    | 10,000   | 47,000         | 47,000         | 94,000         |
| 150          | 11,000         | 11,000         | 22,000         | (11,000)  | (11,000) | (22,000) | 0              | 0              | 0              |
| <b>Total</b> | <b>391,000</b> | <b>391,000</b> | <b>782,000</b> | <b>0</b>  | <b>0</b> | <b>0</b> | <b>391,000</b> | <b>391,000</b> | <b>782,000</b> |

State/Other Split

| Program      | State          |                |                | Federal       |               |                | Total          |                |                |
|--------------|----------------|----------------|----------------|---------------|---------------|----------------|----------------|----------------|----------------|
|              | 2016           | 2017           | Total          | 2016          | 2017          | Total          | 2016           | 2017           | Total          |
| 010          | 233,000        | 233,000        | 466,000        | 24,000        | 24,000        | 48,000         | 257,000        | 257,000        | 514,000        |
| 020          | 5,000          | 5,000          | 10,000         | 0             | 0             | 0              | 5,000          | 5,000          | 10,000         |
| 030          | 4,000          | 4,000          | 8,000          | 0             | 0             | 0              | 4,000          | 4,000          | 8,000          |
| 040          | 26,000         | 26,000         | 52,000         | 17,000        | 17,000        | 34,000         | 43,000         | 43,000         | 86,000         |
| 050          | 19,000         | 19,000         | 38,000         | 16,000        | 16,000        | 32,000         | 35,000         | 35,000         | 70,000         |
| 060          | 31,000         | 31,000         | 62,000         | 16,000        | 16,000        | 32,000         | 47,000         | 47,000         | 94,000         |
| 150          | 0              | 0              | 0              | 0             | 0             | 0              | 0              | 0              | 0              |
| <b>Total</b> | <b>318,000</b> | <b>318,000</b> | <b>636,000</b> | <b>73,000</b> | <b>73,000</b> | <b>146,000</b> | <b>391,000</b> | <b>391,000</b> | <b>782,000</b> |

**Department of Social and Health Services**

**DP Code/Title: M2-8P Postage Rate Adjustments**

**Program Level - 030 BHSIA - Mental Health**

Budget Period: 2015-17 Version: C1 030 2015-17 Final 2-YR LEG Budget

**Recommendation Summary Text:**

The Department of Social Health and Services (DSHS) requests funding for the 6.52 percent postage rate increase which went into effect January 27, 2014. By funding this request, DSHS is expected to meet its postal obligations to customers, clients, and constituents.

**Fiscal Detail:**

| <u>Operating Expenditures</u>            | <u>FY 1</u>  | <u>FY 2</u>  | <u>Total</u>  |
|--|--------------|--------------|---------------|
| <b>Overall Funding</b>                   |              |              |               |
| 001-1 General Fund - Basic Account-State | 8,000        | 8,000        | 16,000        |
| <b>Total Cost</b>                        | <b>8,000</b> | <b>8,000</b> | <b>16,000</b> |

**Staffing**

**Package Description:**

**Problem Statement:**

The United States Postal Services (USPS) increased its postal rate for first-class mail from \$0.46 to \$0.49 (6.52 percent increase) on January 27, 2014. The USPS increase impacts all DSHS programs.

Communication between clients and programs are a routine and essential part of doing business. Clients expect written responses to their inquiries and concerns. Other areas impacted by this postage rate increase are payments to clients and notices to clients required by law.

The USPS mail services are considered accessible to all clients and it is an efficient means of communication. Other forms of communication or remittance of payments such as electronic banking and e-mail are not accessible to the majority of the department's clients or may require revisions to state laws.

**Proposed Solution:**

DSHS requests \$1,106,000 (\$744,000 GF-State) for a postal rate adjustment so that all the DSHS programs can meet its current postal obligations.

Agency Contact: Don Petrich (360) 902-7831

**Narrative Justification and Impact Statement**

*What specific performance outcomes does the agency expect?*

By funding this decision package, DSHS will continue meeting its obligations and statutory requirements to ensure all clients receive their proper information in a timely manner without negative impacts to other client services.

***Performance Measure Detail***

**Agency Level**

**Activity: C900 Program Support - Mental Health**  
 No measures linked to package

| <b>Incremental Changes</b>     |
|--------------------------------|
| <u>FY 1</u> <u>FY 2</u>        |
| 0.00                      0.00 |

Department of Social and Health Services

**DP Code/Title: M2-8P Postage Rate Adjustments**

**Program Level - 030 BHSIA - Mental Health**

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Budget Period: 2015-17 Version: C1 030 2015-17 Final 2-YR LEG Budget

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*Is this decision package essential to implement a strategy identified in the agency's strategic plan?*

The budget request supports DSHS Goal:

5: Public Trust - Strong management practices will be used to ensure quality and efficiency.

*Does this decision package provide essential support to one or more of the Governor's Results Washington priorities?*

This decision package supports the Results Washington Goal:

5: Effective, Efficient and Accountable Government - Fostering a Lean culture that drives accountability and results for the people of Washington.

Ensure efficiency and performance to the public by providing transparency and accountability in state agency operations and:

--Increase Washington State government's transparency.

--Increase customer satisfaction.

--Increase on-time delivery for state services.

*What are the other important connections or impacts related to this proposal?*

None

*What alternatives were explored by the agency, and why was this alternative chosen?*

The request cannot be absorbed within existing resources. Funds supporting other client services would need to be diverted if funding for this USPS rate increase is not provided.

*What are the consequences of adopting or not adopting this package?*

Not funding this request will have a negative impact to the agency's ability to communicate with clients and hamper its ability to remain responsive to constituent needs. If not approved, funds will have to be diverted from other program activities and/or services to cover the cost increase.

*What is the relationship, if any, to the state's capital budget?*

This request has no impact on the capital budget.

*What changes would be required to existing statutes, rules, or contracts, in order to implement the change?*

This request has no impact to existing statutes, rules or contracts.

*Expenditure and revenue calculations and assumptions*

See attachment: AW Postage Rate Adjustments.xlsx

*Which costs and functions are one-time? Which are ongoing? What are the budget impacts in future biennia?*

These costs are ongoing and will carry forward into future biennia.

**Department of Social and Health Services**

**DP Code/Title: M2-8P Postage Rate Adjustments**  
**Program Level - 030 BHSIA - Mental Health**

Budget Period: 2015-17    Version: C1 030 2015-17 Final 2-YR LEG Budget

| <u>Object Detail</u>          | <u>FY 1</u>  | <u>FY 2</u>  | <u>Total</u>  |
|-------------------------------|--------------|--------------|---------------|
| <b>Overall Funding</b>        |              |              |               |
| E Goods\Other Services        | 5,000        | 5,000        | 10,000        |
| T Intra-Agency Reimbursements | 3,000        | 3,000        | 6,000         |
| <b>Total Objects</b>          | <b>8,000</b> | <b>8,000</b> | <b>16,000</b> |

**DSHS Source Code Detail**

| <u>Overall Funding</u>                                | <u>FY 1</u>  | <u>FY 2</u>  | <u>Total</u>  |
|---|--------------|--------------|---------------|
| <b>Fund 001-1, General Fund - Basic Account-State</b> |              |              |               |
| <b><u>Sources Title</u></b>                           |              |              |               |
| 0011 General Fund State                               | 8,000        | 8,000        | 16,000        |
| <i>Total for Fund 001-1</i>                           | <b>8,000</b> | <b>8,000</b> | <b>16,000</b> |
| <b>Total Overall Funding</b>                          | <b>8,000</b> | <b>8,000</b> | <b>16,000</b> |

**2015-17 Biennial Budget  
Postage Rate Adjustments**

**Department of Social and Health Services**

Rounded =Round(link,-3)

| Program      | Year           |                |                  | ISSD - TZ |          |          | Total          |                |                  |
|--------------|----------------|----------------|------------------|-----------|----------|----------|----------------|----------------|------------------|
|              | 2016           | 2017           | Total            | 2016      | 2017     | Total    | 2016           | 2017           | Total            |
| 010          | 19,000         | 19,000         | 38,000           | 6,000     | 6,000    | 12,000   | 25,000         | 25,000         | 50,000           |
| 020          | 2,000          | 2,000          | 4,000            | 1,000     | 1,000    | 2,000    | 3,000          | 3,000          | 6,000            |
| 030          | 5,000          | 5,000          | 10,000           | 3,000     | 3,000    | 6,000    | 8,000          | 8,000          | 16,000           |
| 040          | 9,000          | 9,000          | 18,000           | 4,000     | 4,000    | 8,000    | 13,000         | 13,000         | 26,000           |
| 050          | 13,000         | 13,000         | 26,000           | 4,000     | 4,000    | 8,000    | 17,000         | 17,000         | 34,000           |
| 060          | 445,000        | 445,000        | 890,000          | 15,000    | 15,000   | 30,000   | 460,000        | 460,000        | 920,000          |
| 070          | 0              | 0              | 0                | 0         | 0        | 0        | 0              | 0              | 0                |
| 100          | 4,000          | 4,000          | 8,000            | 1,000     | 1,000    | 2,000    | 5,000          | 5,000          | 10,000           |
| 110          | 10,000         | 10,000         | 20,000           | 10,000    | 10,000   | 20,000   | 20,000         | 20,000         | 40,000           |
| 135          | 1,000          | 1,000          | 2,000            | 1,000     | 1,000    | 2,000    | 2,000          | 2,000          | 4,000            |
| 145          | 0              | 0              | 0                | 0         | 0        | 0        | 0              | 0              | 0                |
| 150          | 45,000         | 45,000         | 90,000           | (45,000)  | (45,000) | (90,000) | 0              | 0              | 0                |
| <b>Total</b> | <b>553,000</b> | <b>553,000</b> | <b>1,106,000</b> | <b>0</b>  | <b>0</b> | <b>0</b> | <b>553,000</b> | <b>553,000</b> | <b>1,106,000</b> |

**State/Other Split**

| Program      | State          |                |                | Other          |                |                | Total          |                |                  |
|--------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|------------------|
|              | 2016           | 2017           | Total          | 2016           | 2017           | Total          | 2016           | 2017           | Total            |
| 010          | 23,000         | 23,000         | 46,000         | 2,000          | 2,000          | 4,000          | 25,000         | 25,000         | 50,000           |
| 020          | 3,000          | 3,000          | 6,000          | 0              | 0              | 0              | 3,000          | 3,000          | 6,000            |
| 030          | 8,000          | 8,000          | 16,000         | 0              | 0              | 0              | 8,000          | 8,000          | 16,000           |
| 040          | 9,000          | 9,000          | 18,000         | 4,000          | 4,000          | 8,000          | 13,000         | 13,000         | 26,000           |
| 050          | 11,000         | 11,000         | 22,000         | 6,000          | 6,000          | 12,000         | 17,000         | 17,000         | 34,000           |
| 060          | 293,000        | 293,000        | 586,000        | 167,000        | 167,000        | 334,000        | 460,000        | 460,000        | 920,000          |
| 070          | 0              | 0              | 0              | 0              | 0              | 0              | 0              | 0              | 0                |
| 100          | 5,000          | 5,000          | 10,000         | 0              | 0              | 0              | 5,000          | 5,000          | 10,000           |
| 110          | 18,000         | 18,000         | 36,000         | 2,000          | 2,000          | 4,000          | 20,000         | 20,000         | 40,000           |
| 135          | 2,000          | 2,000          | 4,000          | 0              | 0              | 0              | 2,000          | 2,000          | 4,000            |
| 145          | 0              | 0              | 0              | 0              | 0              | 0              | 0              | 0              | 0                |
| 150          | 0              | 0              | 0              | 0              | 0              | 0              | 0              | 0              | 0                |
| <b>Total</b> | <b>372,000</b> | <b>372,000</b> | <b>744,000</b> | <b>181,000</b> | <b>181,000</b> | <b>362,000</b> | <b>553,000</b> | <b>553,000</b> | <b>1,106,000</b> |

**Department of Social and Health Services**

**DP Code/Title: M2-8X Facility Maintenance Costs**

**Program Level - 030 BHSIA - Mental Health**

Budget Period: 2015-17 Version: C1 030 2015-17 Final 2-YR LEG Budget

**Recommendation Summary Text:**

The Department of Social and Health Services (DSHS) Consolidated Maintenance and Operations (CMO), in support of department institutions, requests funding for equipment and goods and services in order to resolve building component, steam plant, wastewater treatment, and grounds deficiencies that are smaller in scope than capital projects, but beyond the scope of ordinary maintenance. By funding this request, the safety, security, and environmental conditions for residents and staff will be improved to meet minimum facility standards.

**Fiscal Detail:**

| <u>Operating Expenditures</u>                       | <u>FY 1</u>    | <u>FY 2</u>    | <u>Total</u>   |
|---|----------------|----------------|----------------|
| <b>Overall Funding</b>                              |                |                |                |
| 001-1 General Fund - Basic Account-State            | 263,000        | 270,000        | 533,000        |
| 001-C General Fund - Basic Account-Medicaid Federal | 19,000         | 20,000         | 39,000         |
| <b>Total Cost</b>                                   | <b>282,000</b> | <b>290,000</b> | <b>572,000</b> |

**Staffing**

**Package Description:**

**Problem Statement:**

Current maintenance funding does not allow CMO to keep pace with increasing corrective work request demands due primarily to the advanced age of institution facilities and a shortage of staffing and funding to complete ongoing preventive maintenance. Inability to adequately maintain the facilities or replace components has resulted in decreased safety and security levels and created potential regulatory concerns. This continued deterioration of buildings and grounds results in premature system failure and the need for larger scale capital replacement.

The request includes the following types of work:

1. Replacement and extended repair of failed ventilation components serving staff and client areas.
2. Significant interior and exterior painting to slow facility degradation.
3. Sidewalk repairs and grounds maintenance to improve pedestrian safety.
4. Roofing repairs to reduce water intrusion and the chance of mold infestations in buildings.
5. Interior and exterior door replacement/repair and associated security hardware to lower the risk of breaches in security.
6. Ceiling, flooring, and restroom repairs in staff and client areas to preserve the current infrastructure and prevent premature rotting and mold in ceiling and subfloor systems.

Failure to maintain DSHS facilities will result in further deterioration of building and grounds assets and result in even greater cost to the state in the form of larger capital budget requests. With current funding levels, CMO activities are focused on reactive repair activities to emergent problems. Failing components are only repaired to maintain fundamental operation. Some components that cannot be repaired are left in a failed state. The state and facility occupants then accept the increased risk of a safety or security incident.

**Proposed Solution:**

Request funding to allow CMO to properly support the maintenance of department institutions west of the Cascades and keep pace with increasing corrective work request demands. Labor will be performed using the existing CMO staffing allotment. All of these projects are expected to be completed in the 2015-17 Biennium. Individual project costs were estimated by DSHS Capital Programs and Maintenance staff.

Department of Social and Health Services

**DP Code/Title: M2-8X Facility Maintenance Costs**

**Program Level - 030 BHSIA - Mental Health**

Budget Period: 2015-17 Version: C1 030 2015-17 Final 2-YR LEG Budget

Agency Contact: Ken Brown (360) 902-7583

Program Contact: Thomas Blume (360) 664-6028

**Narrative Justification and Impact Statement**

*What specific performance outcomes does the agency expect?*

**Performance Measure Detail**

**Agency Level**

**Activity: C063 Mental Health Facilities Services**

No measures linked to package

Incremental Changes

**FY 1**

**FY 2**

0.00

0.00

*Is this decision package essential to implement a strategy identified in the agency's strategic plan?*

The budget request supports DSHS Goals:

Safety - Each individual and each community will be safe. Public safety will be enhanced through provision of coordinated rehabilitative services to residents at the major Juvenile Justice & Rehabilitation Administration (JJRA) facilities.

Quality of Life - Each individual in need will be supported to attain the highest possible quality of life.

Public Trust - Strong management practices will be used to ensure quality and efficiency.

*Does this decision package provide essential support to one or more of the Governor's Results Washington priorities?*

This package supports Results Washington Goal:

4: Healthy and Safe Communities - Fostering the health of Washingtonians from a healthy start to safe and supported future.

*What are the other important connections or impacts related to this proposal?*

No stakeholder concerns are expected. It is expected all stakeholders would support improved facilities to conduct rehabilitation efforts.

*What alternatives were explored by the agency, and why was this alternative chosen?*

The request cannot be absorbed within existing resources for the following reasons: maintenance funding has not kept pace with the institution needs due to a shortage of staffing and funding. This request funds projects smaller in scope than capital projects but beyond the capability and capacity of institution maintenance departments. This alternative was chosen because it provides funding for immediate repairs to facilities which will provide improved safety and security for clients and staff and prevent higher downstream costs.

*What are the consequences of adopting or not adopting this package?*

Failure to provide funding for maintenance repairs presents a risk to program operations and client safety.

*What is the relationship, if any, to the state's capital budget?*

This request has no impact on the capital budget. If not funded, the failure of key facility components could increase capital

Department of Social and Health Services

**DP Code/Title: M2-8X Facility Maintenance Costs**  
**Program Level - 030 BHSIA - Mental Health**

Budget Period: 2015-17 Version: C1 030 2015-17 Final 2-YR LEG Budget

budget requests in ensuing fiscal years.

*What changes would be required to existing statutes, rules, or contracts, in order to implement the change?*

This request has no impact to existing statutes, rules or contracts.

*Expenditure and revenue calculations and assumptions*

See attachment: AW Facility Maintenance Costs.xlsx

*Which costs and functions are one-time? Which are ongoing? What are the budget impacts in future biennia?*

These costs are ongoing and will carry forward into future biennia.

| <u>Object Detail</u>   | <u>FY 1</u> | <u>FY 2</u> | <u>Total</u> |
|------------------------|-------------|-------------|--------------|
| <b>Overall Funding</b> |             |             |              |
| E Goods\Other Services | 282,000     | 290,000     | 572,000      |

**DSHS Source Code Detail**

| <b>Overall Funding</b>   | <b><u>FY 1</u></b> | <b><u>FY 2</u></b> | <b><u>Total</u></b> |
|--|--------------------|--------------------|---------------------|
| <b>Fund 001-1, General Fund - Basic Account-State</b>            |                    |                    |                     |
| <b><u>Sources Title</u></b>                                      |                    |                    |                     |
| 0011 General Fund State  | 263,000            | 270,000            | 533,000             |
| <i>Total for Fund 001-1</i>                                      | <b>263,000</b>     | <b>270,000</b>     | <b>533,000</b>      |
| <b>Fund 001-C, General Fund - Basic Account-Medicaid Federal</b> |                    |                    |                     |
| <b><u>Sources Title</u></b>                                      |                    |                    |                     |
| 19UL Title XIX Admin (50%)                                       | 19,000             | 20,000             | 39,000              |
| <i>Total for Fund 001-C</i>                                      | <b>19,000</b>      | <b>20,000</b>      | <b>39,000</b>       |
| <b>Total Overall Funding</b>                                     | <b>282,000</b>     | <b>290,000</b>     | <b>572,000</b>      |

**2015-17 Biennial Budget  
Facility Maintenance Costs**

**Department of Social & Health Services**

| Program      | Year             |                |                  |  | ISSD - TZ |          |          |  | Total            |                |                  |
|--------------|------------------|----------------|------------------|--|-----------|----------|----------|--|------------------|----------------|------------------|
|              | 2016             | 2017           | Total            |  | 2016      | 2017     | Total    |  | 2016             | 2017           | Total            |
| 020          | 197,000          | 174,000        | 371,000          |  | 0         | 0        | 0        |  | 197,000          | 174,000        | 371,000          |
| 030          | 282,000          | 290,000        | 572,000          |  | 0         | 0        | 0        |  | 282,000          | 290,000        | 572,000          |
| 040          | 393,000          | 315,000        | 708,000          |  | 0         | 0        | 0        |  | 393,000          | 315,000        | 708,000          |
| 135          | 145,000          | 116,000        | 261,000          |  | 0         | 0        | 0        |  | 145,000          | 116,000        | 261,000          |
| 160          | 0                | 0              | 0                |  | 0         | 0        | 0        |  | 0                | 0              | 0                |
| <b>Total</b> | <b>1,017,000</b> | <b>895,000</b> | <b>1,912,000</b> |  | <b>0</b>  | <b>0</b> | <b>0</b> |  | <b>1,017,000</b> | <b>895,000</b> | <b>1,912,000</b> |

**State/Other Split**

| Program      | State          |                |                  |  | Federal        |                |                |  | Total            |                |                  |
|--------------|----------------|----------------|------------------|--|----------------|----------------|----------------|--|------------------|----------------|------------------|
|              | 2016           | 2017           | Total            |  | 2016           | 2017           | Total          |  | 2016             | 2017           | Total            |
| 020          | 197,000        | 174,000        | 371,000          |  | 0              | 0              | 0              |  | 197,000          | 174,000        | 371,000          |
| 030          | 263,000        | 270,000        | 533,000          |  | 19,000         | 20,000         | 39,000         |  | 282,000          | 290,000        | 572,000          |
| 040          | 232,000        | 186,000        | 418,000          |  | 161,000        | 129,000        | 290,000        |  | 393,000          | 315,000        | 708,000          |
| 135          | 145,000        | 116,000        | 261,000          |  | 0              | 0              | 0              |  | 145,000          | 116,000        | 261,000          |
| 160          | 0              | 0              | 0                |  | 0              | 0              | 0              |  | 0                | 0              | 0                |
| <b>Total</b> | <b>837,000</b> | <b>746,000</b> | <b>1,583,000</b> |  | <b>180,000</b> | <b>149,000</b> | <b>329,000</b> |  | <b>1,017,000</b> | <b>895,000</b> | <b>1,912,000</b> |

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**Department of Social and Health Services**

**DP Code/Title: M2-9G Workers Comp Base Correction**  
**Program Level - 030 BHSIA - Mental Health**

Budget Period: 2015-17    Version: C1 030 2015-17 Final 2-YR LEG Budget

**Recommendation Summary Text:**

The Department of Social and Health Services (DSHS) requests funding to correct the base funding level of premiums paid to Labor and Industries (L&I) for worker's compensation. By funding this request, DSHS will not have to divert funding from services to clients in order to cover the cost of this mandatory premium.

**Fiscal Detail:**

| <u>Operating Expenditures</u>                       | <u>FY 1</u>      | <u>FY 2</u>      | <u>Total</u>     |
|---|------------------|------------------|------------------|
| <b>Overall Funding</b>                              |                  |                  |                  |
| 001-1 General Fund - Basic Account-State            | 1,171,000        | 1,207,000        | 2,378,000        |
| 001-C General Fund - Basic Account-Medicaid Federal | 86,000           | 89,000           | 175,000          |
| <b>Total Cost</b>                                   | <b>1,257,000</b> | <b>1,296,000</b> | <b>2,553,000</b> |

Staffing

**Package Description:**

A review of the funding for worker's compensation found two steps in previous biennial budgets that resulted in an inadequate amount of funding being provided for the premiums that are paid to L&I.

The first adjustment that needs to be made is in the calculation of the Worker's Compensation Changes for the 2011-13 Biennial Budget. The information provided for the calculation showed an Estimated Premium Paid of \$25.2 million for the first year and \$28.5 million for the second year. Using these amounts against the proposed estimated premium of \$31.9 million per fiscal year resulted in an increase in funding of \$6.7 million in the first year and \$3.4 million in the second. The actual cost for the second year for the department was \$24.7 million, instead of the \$28.5 million above, a difference of \$3.8 million for the increased cost in the second year.

The second adjustment is for the Carry Forward Level (CFL) adjustment in the 2013-15 Biennial Budget. The 2011-13 funding was placed into DSHS program Payments to Other Agencies (PTOA or Program 145). As part of the 2012 Supplemental Budget, the funding was transferred out of PTOA to the appropriate DSHS programs. When CFL was completed, Step G01 Transfers contained a reduction of \$3.4 million for the 2011-13 Worker's Compensation Step. This step brought the first year funding to the second year level for the workers compensation portion of the transfer step. There should not have been a CFL adjustment for the Worker's Compensation Step, because the original step was done to bring the funding up to \$31.9 million per Fiscal Year as estimated by L&I.

By funding this request the programs budgets will receive the funding necessary to cover the amounts that are being paid to L&I each quarter.

Agency contact: Bill Jordan (360) 902-8183.

**Narrative Justification and Impact Statement**

*What specific performance outcomes does the agency expect?*

By funding this mandatory payment requirement, DSHS will not have to divert other funds that currently support client services.

Department of Social and Health Services

DP Code/Title: **M2-9G Workers Comp Base Correction**

**Program Level - 030 BHSIA - Mental Health**

Budget Period: 2015-17 Version: C1 030 2015-17 Final 2-YR LEG Budget

**Performance Measure Detail**

**Agency Level**

Activity: **C063 Mental Health Facilities Services**  
No measures linked to package

**Incremental Changes**

| <u>FY 1</u> | <u>FY 2</u> |
|-------------|-------------|
| 0.00        | 0.00        |

Activity: **C093 Special Projects - Mental Health**  
No measures linked to package

**Incremental Changes**

| <u>FY 1</u> | <u>FY 2</u> |
|-------------|-------------|
| 0.00        | 0.00        |

Activity: **C900 Program Support - Mental Health**  
No measures linked to package

**Incremental Changes**

| <u>FY 1</u> | <u>FY 2</u> |
|-------------|-------------|
| 0.00        | 0.00        |

*Is this decision package essential to implement a strategy identified in the agency's strategic plan?*

The budget request supports DSHS Goals:

1: Heath - Each individual and each community will be healthy.

5: Public Trust - Strong management policies will be used to ensure quality and efficiency. This request will limit risk to the department by establishing mechanisms for appropriate charges incurred by DSHS programs.

*Does this decision package provide essential support to one or more of the Governor's Results Washington priorities?*

This package supports Governor Inslee's Goal:

5: Effective, Efficient and Accountable Government - Fostering a Lean culture that drives accountability and results for the people of Washington.

*What are the other important connections or impacts related to this proposal?*

None

*What alternatives were explored by the agency, and why was this alternative chosen?*

The request cannot be absorbed with existing resources without reducing the funding for services to clients.

*What are the consequences of adopting or not adopting this package?*

Funding this request will prevent any negative impact on client services.

*What is the relationship, if any, to the state's capital budget?*

This request has no impact on the capital budget.

*What changes would be required to existing statutes, rules, or contracts, in order to implement the change?*

This request has no impact to existing statutes, rules or contracts.

**Expenditure and revenue calculations and assumptions**

See attachment: AW Workers Comp Base Correction.xlsx.

**Department of Social and Health Services**

**DP Code/Title: M2-9G Workers Comp Base Correction**  
**Program Level - 030 BHSIA - Mental Health**

Budget Period: 2015-17 Version: C1 030 2015-17 Final 2-YR LEG Budget

*Which costs and functions are one-time? Which are ongoing? What are the budget impacts in future biennia?*

L&I's cost for worker's compensation is an ongoing cost to the department.

| <u>Object Detail</u>   | <u>FY 1</u> | <u>FY 2</u> | <u>Total</u> |
|------------------------|-------------|-------------|--------------|
| <b>Overall Funding</b> |             |             |              |
| B Employee Benefits    | 1,257,000   | 1,296,000   | 2,553,000    |

**DSHS Source Code Detail**

| <u>Overall Funding</u>   | <u>FY 1</u>      | <u>FY 2</u>      | <u>Total</u>     |
|--|------------------|------------------|------------------|
| <b>Fund 001-1, General Fund - Basic Account-State</b>            |                  |                  |                  |
| <b><u>Sources Title</u></b>                                      |                  |                  |                  |
| 0011 General Fund State  | 1,171,000        | 1,207,000        | 2,378,000        |
| <i>Total for Fund 001-1</i>                                      | <u>1,171,000</u> | <u>1,207,000</u> | <u>2,378,000</u> |
| <b>Fund 001-C, General Fund - Basic Account-Medicaid Federal</b> |                  |                  |                  |
| <b><u>Sources Title</u></b>                                      |                  |                  |                  |
| 19TA Title XIX Assistance (FMAP)                                 | 83,000           | 86,000           | 169,000          |
| 19UL Title XIX Admin (50%)                                       | 3,000            | 3,000            | 6,000            |
| <i>Total for Fund 001-C</i>                                      | <u>86,000</u>    | <u>89,000</u>    | <u>175,000</u>   |
| <b>Total Overall Funding</b>                                     | <u>1,257,000</u> | <u>1,296,000</u> | <u>2,553,000</u> |

**2015-17 Biennial Budget  
Workers Comp Base Correction**

**Department of Social and Health Services**

| Program                             | FY 16            | FY 17            | FY 16 FUNDING    |                |                  | FY 17 FUNDING    |                |                  |
|-------------------------------------|------------------|------------------|------------------|----------------|------------------|------------------|----------------|------------------|
|                                     | B                | B                | State            | Other          | Total            | State            | Other          | Total            |
| 010 Children's Administration       | 149,000          | 137,000          | 135,000          | 14,000         | 149,000          | 124,000          | 13,000         | 137,000          |
| 020 Juvenile Rehabilitation Admin   | 203,000          | 231,000          | 203,000          | -              | 203,000          | 231,000          | -              | 231,000          |
| 030 Mental Heath Division           | 1,257,000        | 1,296,000        | 1,171,000        | 86,000         | 1,257,000        | 1,207,000        | 89,000         | 1,296,000        |
| 040 Developmental Disabilites Admin | 1,363,000        | 1,698,000        | 804,000          | 559,000        | 1,363,000        | 1,002,000        | 696,000        | 1,698,000        |
| 050 Aging & Long-Term Support       | 74,000           | 70,000           | 39,000           | 35,000         | 74,000           | 36,000           | 34,000         | 70,000           |
| 060 Economic Services Admin         | 236,000          | 231,000          | 148,000          | 88,000         | 236,000          | 144,000          | 87,000         | 231,000          |
| 070 Alcohol & Substance Abuse       | 4,000            | 4,000            | 3,000            | 1,000          | 4,000            | 3,000            | 1,000          | 4,000            |
| 100 Division of Vocational Rehab    | 18,000           | 16,000           | 18,000           | -              | 18,000           | 16,000           | -              | 16,000           |
| 110 Administration                  | 26,000           | 25,000           | 21,000           | 5,000          | 26,000           | 21,000           | 4,000          | 25,000           |
| 135 Special Commitment Center       | 93,000           | 116,000          | 93,000           | -              | 93,000           | 116,000          | -              | 116,000          |
| <b>TOTAL</b>                        | <b>3,423,000</b> | <b>3,824,000</b> | <b>2,635,000</b> | <b>788,000</b> | <b>3,423,000</b> | <b>2,900,000</b> | <b>924,000</b> | <b>3,824,000</b> |
|                                     |                  |                  |                  |                |                  |                  |                |                  |

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**Department of Social and Health Services**

**DP Code/Title: M2-9S Equipment Replacement Costs**  
**Program Level - 030 BHSIA - Mental Health**

Budget Period: 2015-17 Version: C1 030 2015-17 Final 2-YR LEG Budget

**Recommendation Summary Text:**

The Department of Social and Health Services (DSHS) requests funding in the 2015-17 Biennium for the replacement of equipment that is critical in the support of the health, safety, and security of residents and staff for the department's institutional programs.

**Fiscal Detail:**

| <u>Operating Expenditures</u>            | <u>FY 1</u>   | <u>FY 2</u>   | <u>Total</u>  |
|--|---------------|---------------|---------------|
| <b>Overall Funding</b>                   |               |               |               |
| 001-1 General Fund - Basic Account-State | 27,000        | 37,000        | 64,000        |
| <b>Total Cost</b>                        | <b>27,000</b> | <b>37,000</b> | <b>64,000</b> |

Staffing

**Package Description:**

The department requires the replacement of necessary equipment to meet the day-to-day needs of the clients served in the 13 institutions and community facilities. This includes medical and diagnostic equipment that serves clients directly and the support structure housing clients and staff comprising approximately 5 million square feet and 500 buildings.

**Juvenile Rehabilitation (JR)**

This request funds the replacement of necessary equipment to meet the day-to-day needs of the youth placed into Juvenile Rehabilitation custody. Requested equipment items are critical to ensure the health, safety and security of clients, public safety, and staff productivity.

When youth are committed, it is the department's responsibility to operate a secure 24-hour facility in which youth sleep, eat, continue education, receive mental health and behavioral therapy, and have access to health care. This round the clock care supervision results in extensive use of institutional equipment-furniture, bedding, security, laundry, janitorial, office, and communication equipment. Equipment beyond its useful life has been shown to become dangerous and is costly to repair.

**Mental Health (MH)**

Funding is requested for the replacement of essential equipment at Child Study & Treatment Center (CSTC) to support the health, safety, and security of residents and staff. The equipment to be replaced includes direct care items that exceed reasonable life spans and are necessary for the safe, secure, and effective operation of these inpatient facilities. Some of the most behaviorally complex people in Washington State receive inpatient treatment at the state hospitals.

CSTC provides patient evaluation, mental health therapy, medical treatment (including radiology, dental, pharmacy, and laboratory), physical, speech and occupational therapies, and appropriate levels of supportive physical care. The facility operates 24 hours a day, seven days a week. Typically, the facility operates at capacity most of the year.

**Developmental Disabilities Administration (DDA)**

Residential Habilitation Centers (RHC) may be certified as a nursing facility and/or an Intermediate Care Facility for the Intellectually Disabled (ICF/ID). Nursing services are provided to all residents, many of whom have substantial physical disabilities. ICF/ID services include health care, dental care, vocational training, therapy (physical, speech, occupational, psychiatric, psychological/behavioral), and limited recreational activities. Respite and crisis services are offered on a short term basis. Each RHC operates in a unique environment and are subject to federal regulations. Equipment requirements vary based on resident census and individual needs, staff employed, campus size, services offered and regulatory demand.

**Special Commitment Center (SCC)**

Department of Social and Health Services

**DP Code/Title: M2-9S Equipment Replacement Costs**

**Program Level - 030 BHSIA - Mental Health**

Budget Period: 2015-17 Version: C1 030 2015-17 Final 2-YR LEG Budget

The Special Commitment Center Program (SCC), operated by DSHS, provides a specialized mental health treatment program on McNeil Island for civilly committed sex offenders who have completed their prison sentences. The majority of equipment used at the Total Confinement Facility (TCF) and Secure Community Transition Facilities (SCTF) is at least ten years old. Since the program is maintained on McNeil Island, the program has additional equipment needs related to island maintenance. It is no longer cost effective to repair some equipment items and in some cases the safety of residents and staff is in question.

**Consolidated Maintenance and Operations (CMO)**

The CMO provides services to institutions in JR, MH, DDA, and SCC. Funding is requested for equipment to support the individual needs of the critical mission of each institution and the needs of the CMO to support the health, safety, and security of clients and staff.

Agency Contact: Ken Brown (360) 902-7583

**Narrative Justification and Impact Statement**

*What specific performance outcomes does the agency expect?*

Funding this request will strengthen the foundation for the current continuum of care and access to client services at the department's institutions. Appropriate safe, up to date, and functional equipment supports, and provides for healthy, safe, and secure facilities and campuses.

**Performance Measure Detail**

**Agency Level**

**Activity: C070 Mental Health Services - Children's Long-term Treatment Programs (CLIP)**

No measures linked to package

**Incremental Changes**

**FY 1**

**FY 2**

0.00

0.00

*Is this decision package essential to implement a strategy identified in the agency's strategic plan?*

This request supports the following goals identified in the DSHS 2013-2015 Strategic Plan:

Safety - Each individual and each community will be safe

Public Trust - Strong management practices will be used to ensure quality and efficiency

*Does this decision package provide essential support to one or more of the Governor's Results Washington priorities?*

This package supports Results Washington Goal 4: Healthy and Safe Communities - Fostering the health of Washingtonians from a healthy start to safe and supported future.

*What are the other important connections or impacts related to this proposal?*

With some institutions operating at a deficit and other facilities marginally meeting their budget, the Department has been unable to purchase needed equipment. Maintenance of this equipment is expensive and over time has become a maintenance challenge often resulting in higher costs for rentals and contracting with outside vendors. It is essential that safe, functional equipment be provided to the department employees for use in accomplishing assigned tasks.

*What alternatives were explored by the agency, and why was this alternative chosen?*

The request cannot be absorbed within existing resources for the following reasons. Repairing equipment, when practical, is an option, but is not always feasible. This alternative was chosen because it provides funding for immediate replacement of

Department of Social and Health Services

**DP Code/Title: M2-9S Equipment Replacement Costs**

**Program Level - 030 BHSIA - Mental Health**

Budget Period: 2015-17 Version: C1 030 2015-17 Final 2-YR LEG Budget

necessary equipment to maintain safety and security for clients and staff.

*What are the consequences of adopting or not adopting this package?*

Failure to provide funding for the replacement of medical, information technology, and safety equipment necessary to sustain the health and safety of clients and staff presents a risk to program operations. Insufficient funding for essential equipment exposes clients and staff to roadside mishaps and expensive facility repairs.

*What is the relationship, if any, to the state's capital budget?*

This request has no impact on the capital budget.

*What changes would be required to existing statutes, rules, or contracts, in order to implement the change?*

This request has no impact to existing statutes, rules or contracts.

*Expenditure and revenue calculations and assumptions*

See attachment: AW Equipment Replacement Costs.xlsx

*Which costs and functions are one-time? Which are ongoing? What are the budget impacts in future biennia?*

These costs are ongoing and will carry forward into future biennia.

| <u>Object Detail</u>   | <u>FY 1</u> | <u>FY 2</u> | <u>Total</u> |
|------------------------|-------------|-------------|--------------|
| <b>Overall Funding</b> |             |             |              |
| J Capital Outlays      | 27,000      | 37,000      | 64,000       |

**DSHS Source Code Detail**

| <b>Overall Funding</b>                         |                     | <b><u>FY 1</u></b> | <b><u>FY 2</u></b> | <b><u>Total</u></b> |
|--|---------------------|--------------------|--------------------|---------------------|
| Fund 001-1, General Fund - Basic Account-State |                     |                    |                    |                     |
| <b><u>Sources</u></b>                          | <b><u>Title</u></b> |                    |                    |                     |
| 0011   | General Fund State  | 27,000             | 37,000             | 64,000              |
| <i>Total for Fund 001-1</i>                    |                     | <b>27,000</b>      | <b>37,000</b>      | <b>64,000</b>       |
| <b>Total Overall Funding</b>                   |                     | <b>27,000</b>      | <b>37,000</b>      | <b>64,000</b>       |

## 2015-17 Biennial Budget Equipment Replacement Costs

### Agency Overview

| Program                          | Program Request     |                   | Total               |
|----------------------------------|---------------------|-------------------|---------------------|
|                                  | FY 2016             | FY 2017           |                     |
| <b>Juvenile Rehabilitation</b>   |                     |                   |                     |
| Echo Glen                        | \$ 166,000          | \$ 18,000         | \$ 184,000          |
| Green Hill                       | \$ 108,000          | \$ 44,000         | \$ 152,000          |
| Naselle                          | \$ 18,000           | \$ 18,000         | \$ 36,000           |
| Community Residential Facilities | \$ 71,000           | \$ -              | \$ 71,000           |
| <b>Request for JRA</b>           | <b>\$ 363,000</b>   | <b>\$ 80,000</b>  | <b>\$ 443,000</b>   |
| <b>Special Commitment Center</b> | <b>\$ 217,000</b>   | <b>\$ 212,000</b> | <b>\$ 429,000</b>   |
| <b>Request for JJRA</b>          | <b>\$ 580,000</b>   | <b>\$ 292,000</b> | <b>\$ 872,000</b>   |
| <b>Mental Health</b>             |                     |                   |                     |
| Eastern State                    | \$ -                | \$ -              | \$ -                |
| Western State                    | \$ -                | \$ -              | \$ -                |
| CSTC                             | \$ 27,000           | \$ 37,000         | \$ 64,000           |
| <b>Request for BHSIA-MH</b>      | <b>\$ 27,000</b>    | <b>\$ 37,000</b>  | <b>\$ 64,000</b>    |
| <b>Development Disabilities</b>  |                     |                   |                     |
| Fircrest                         | \$ 89,000           | \$ 97,000         | \$ 186,000          |
| Rainier School                   | \$ 839,000          | \$ -              | \$ 839,000          |
| Lakeland Village                 | \$ 45,000           | \$ 27,000         | \$ 72,000           |
| Yakima Valley                    | \$ -                | \$ -              | \$ -                |
| <b>Request For DDA</b>           | <b>\$ 973,000</b>   | <b>\$ 124,000</b> | <b>\$ 1,097,000</b> |
| <b>Biennium Totals</b>           | <b>\$ 1,580,000</b> | <b>\$ 453,000</b> | <b>\$ 2,033,000</b> |

Note: Program numbers include CMO/CSS.

**Department of Social and Health Services**

**DP Code/Title: M2-9T Transfers**  
**Program Level - 030 BHSIA - Mental Health**

Budget Period: 2015-17 Version: C1 030 2015-17 Final 2-YR LEG Budget

**Recommendation Summary Text:**

The Department of Social and Health Services (DSHS) requests the shift of FTEs and funding among programs in the 2015-17 Biennial Budget. This transfer will align FTEs and funds with the programs where the costs are incurred. The net impact is zero.

**Fiscal Detail:**

| <u>Operating Expenditures</u>                       | <u>FY 1</u>    | <u>FY 2</u>    | <u>Total</u>     |
|---|----------------|----------------|------------------|
| <b>Overall Funding</b>                              |                |                |                  |
| 001-1 General Fund - Basic Account-State            | 468,000        | 468,000        | 936,000          |
| 001-C General Fund - Basic Account-Medicaid Federal | 39,000         | 39,000         | 78,000           |
| <b>Total Cost</b>                                   | <b>507,000</b> | <b>507,000</b> | <b>1,014,000</b> |

Staffing

**Package Description:**

DSHS requests internal transfers among several program budgets resulting in a net zero funding change for the department. This aligns program appropriations with planned expenditures. DSHS requests the following adjustments for the 2015-17 Biennial Budget:

Information System Services Division (ISSD) Compensation Adjustment-  
 (Program 110 to Programs 010, 020, 030, 040, 050, 060, 100, 135):

Program 110 - Administration and Supporting Services (Administration) will transfer compensation adjustments for staff in the Information Systems Services Division (Program 150) to other DSHS programs. ISSD is a chargeback program where the funding resides in program's Sub-Object TZ budget. Administration will transfer (\$214,000) GF-State to the other programs. The transfer will realign the funding with the correct DSHS programs to be charged by ISSD.

Consolidated Field Services (CFS) Compensation Adjustment -  
 (Program 110 to Programs 010, 020, 030, 040, 050, 060, 135):

Program 110 - Administration and Supporting Services (Administration) will transfer compensation adjustments for staff in Consolidated Field Services (Program 160) to other DSHS programs. CFS is a chargeback program where the funding resides in program's budget. Administration will transfer (\$216,000) GF-State to the other programs. The transfer will realign the funding with the correct DSHS programs to be charged by CFS.

ISSD Chargeback Reallocation -  
 (Programs 010, 020, 030, 040, 050, 060, 070, 100, 110, 135):

The Financial Services Administration (FSA), in conjunction with program areas and ISSD, updated the chargeback methodology for services that are being provided. The methodology simplifies the categories of service, as well as the metrics used to fairly and efficiently distribute charges for services utilized. As a result of the methodology updates, the allocation of funding to the program area needs to be re-distributed to reflect the changes. This re-allocation will in essence hold harmless the program areas, so that all programs will be sufficiently funded for currently identified ISSD service needs.

Information Technology Savings (ITS) Adjustment-  
 (Program 145 to Programs 010, 020, 030, 040, 050, 060, 070, 100, 110):

Program 145 - Payments to Other Agencies (PTOA) will transfer the ITS reduction to other DSHS programs. The ITS step was placed into PTOA as part of the 2014 Supplemental budget. The PTOA will transfer (\$676,000) GF-State to the other programs. The transfer will realign the reduction with the DSHS programs that incur the charges.

Office of Deaf and Hard of Hearing (ODHH) Compensation Adjustment-

Department of Social and Health Services

**DP Code/Title: M2-9T Transfers**  
**Program Level - 030 BHSIA - Mental Health**

Budget Period: 2015-17 Version: C1 030 2015-17 Final 2-YR LEG Budget

(Program 100 to Program 050):

Program 100 - Division of Vocational Rehabilitation (DVR) will transfer compensation adjustments for ODHH staff to Program 050 - Aging and Long-Term Support Administration (ALTSA). ODHH was transferred from DVR to ALTSA in the 2014 Supplemental budget. This transfer is for the ODHH portion of the employee benefit steps that remains in program 050. DVR will transfer (\$6,000) in FY 16 and \$12,000 in FY 17 to ALTSA. The transfer will realign the funding for the ODHH staff into the correct program.

Aging and Long-Term Support Administration to Developmental Disability Administration Transfer-  
(Program 050 to Program 040):

Transfer of 3 FTEs and the funding for the staff that are working on the Roads to Community Living project.

Children's Administration to Aging and Long-Term Support Administration Transfer-  
(Program 010 to Program 050):

Transfer of .5 FTE and the funding for the staff that are working on the Foster Well Being project.

Economic Services Administration to Aging and Long-Term Support Administration Transfer-  
(Program 060 to Program 050):

Transfer of .5 FTE and the funding for the long term care workload related to Western State Hospital.

These transfers will realign the funding with the DSHS programs to be charged.

Agency contact: Bill Jordan 360-902-8183.

**Narrative Justification and Impact Statement**

*What specific performance outcomes does the agency expect?*

DSHS accounts for the wise use of public dollars by maximizing federal funding sources.

***Performance Measure Detail***

**Agency Level**

**Activity: C063 Mental Health Facilities Services**

No measures linked to package

**Incremental Changes**

**FY 1**

**FY 2**

0.00

0.00

**Activity: C900 Program Support - Mental Health**

No measures linked to package

**Incremental Changes**

**FY 1**

**FY 2**

0.00

0.00

*Is this decision package essential to implement a strategy identified in the agency's strategic plan?*

The budget request supports DSHS Goal 1: Health - Each individual and each community will be healthy and Goal 5: Public Trust - Strong management policies will be used to ensure quality and efficiency. This request will limit risk to the department by establishing mechanisms for appropriate charges incurred by DSHS programs.

*Does this decision package provide essential support to one or more of the Governor's Results Washington priorities?*

This package supports Governor Inslee's Goal 5: Effective, Efficient and Accountable Government - Fostering a Lean culture that drives accountability and results for the people of Washington.

**Department of Social and Health Services**

**DP Code/Title: M2-9T Transfers**  
**Program Level - 030 BHSIA - Mental Health**

Budget Period: 2015-17 Version: C1 030 2015-17 Final 2-YR LEG Budget

*What are the other important connections or impacts related to this proposal?*

None

*What alternatives were explored by the agency, and why was this alternative chosen?*

The request transfers funding between programs so that the needs can be met within existing resources.

*What are the consequences of adopting or not adopting this package?*

These transfers will realign the funding with the DSHS programs that are charged for the services.

*What is the relationship, if any, to the state's capital budget?*

This request has no impact on the capital budget.

*What changes would be required to existing statutes, rules, or contracts, in order to implement the change?*

This request has no impact to existing statutes, rules or contracts.

***Expenditure and revenue calculations and assumptions***

See attachment: AW Transfers.xlsx.

*Which costs and functions are one-time? Which are ongoing? What are the budget impacts in future biennia?*

The transfer is one-time then all costs associated with it will be ongoing and will carry-forward into future biennia.

| <u>Object Detail</u>          | <u>FY 1</u>    | <u>FY 2</u>    | <u>Total</u>     |
|-------------------------------|----------------|----------------|------------------|
| <b>Overall Funding</b>        |                |                |                  |
| B Employee Benefits           | (34,000)       | (34,000)       | (68,000)         |
| E Goods\Other Services        | (16,000)       | (16,000)       | (32,000)         |
| T Intra-Agency Reimbursements | 557,000        | 557,000        | 1,114,000        |
| <b>Total Objects</b>          | <b>507,000</b> | <b>507,000</b> | <b>1,014,000</b> |

**DSHS Source Code Detail**

| <u>Overall Funding</u>   | <u>FY 1</u>    | <u>FY 2</u>    | <u>Total</u>     |
|--|----------------|----------------|------------------|
| <b>Fund 001-1, General Fund - Basic Account-State</b>            |                |                |                  |
| <b><u>Sources Title</u></b>                                      |                |                |                  |
| 0011 General Fund State  | 468,000        | 468,000        | 936,000          |
| <i>Total for Fund 001-1</i>                                      | <b>468,000</b> | <b>468,000</b> | <b>936,000</b>   |
| <b>Fund 001-C, General Fund - Basic Account-Medicaid Federal</b> |                |                |                  |
| <b><u>Sources Title</u></b>                                      |                |                |                  |
| 19TA Title XIX Assistance (FMAP)                                 | 2,000          | 2,000          | 4,000            |
| 19UL Title XIX Admin (50%)                                       | 37,000         | 37,000         | 74,000           |
| <i>Total for Fund 001-C</i>                                      | <b>39,000</b>  | <b>39,000</b>  | <b>78,000</b>    |
| <b>Total Overall Funding</b>                                     | <b>507,000</b> | <b>507,000</b> | <b>1,014,000</b> |

**2015-17 Biennial Budget  
Transfers**

| Program  | FTEs         |              |              | FY 2016            |                  |                    | FY 2017            |                  |                    | 2015-17 Biennium   |                  |                    |
|--|--------------|--------------|--------------|--------------------|------------------|--------------------|--------------------|------------------|--------------------|--------------------|------------------|--------------------|
|  | FY16         | FY17         | Total        | 001-1              | Other            | Total              | 001-1              | Other            | Total              | 001-1              | Other            | Total              |
| <b>010 Children's Administration</b>                 |              |              |              |                    |                  |                    |                    |                  |                    |                    |                  |                    |
| 1. ISSD Compensation Adjustments                     |              |              | 0.0          | (18,000)           |                  | (18,000)           | (18,000)           |                  | (18,000)           | (36,000)           | 0                | (36,000)           |
| 2. CFS Compensation Adjustments                      |              |              | 0.0          | (6,000)            |                  | (6,000)            | (6,000)            |                  | (6,000)            | (12,000)           | 0                | (12,000)           |
| 3. ISSD Chargeback Reallocation                      |              |              | 0.0          | (501,000)          | (24,000)         | (525,000)          | (501,000)          | (24,000)         | (525,000)          | (1,002,000)        | (48,000)         | (1,050,000)        |
| 4. ITS Adjustment                                    |              |              | 0.0          | (73,000)           |                  | (73,000)           | (73,000)           |                  | (73,000)           | (146,000)          | 0                | (146,000)          |
| 7. CA to AL TSA Transfer                             | (0.5)        | (0.5)        | (0.5)        | (29,000)           | (28,000)         | (57,000)           | (29,000)           | (28,000)         | (57,000)           | (58,000)           | (56,000)         | (114,000)          |
|  |              |              | 0.0          |                    |                  | 0                  |                    |                  | 0                  | 0                  | 0                | 0                  |
| <b>010 Total</b>                                     | <b>(0.5)</b> | <b>(0.5)</b> | <b>(0.5)</b> | <b>(627,000)</b>   | <b>(52,000)</b>  | <b>(679,000)</b>   | <b>(627,000)</b>   | <b>(52,000)</b>  | <b>(679,000)</b>   | <b>(1,254,000)</b> | <b>(104,000)</b> | <b>(1,358,000)</b> |
| <b>020 Juvenile Rehabilitation</b>                   |              |              |              |                    |                  |                    |                    |                  |                    |                    |                  |                    |
| 1. ISSD Compensation Adjustments                     |              |              | 0.0          | (3,000)            |                  | (3,000)            | (3,000)            |                  | (3,000)            | (6,000)            | 0                | (6,000)            |
| 2. CFS Compensation Adjustments                      |              |              | 0.0          | (14,000)           |                  | (14,000)           | (14,000)           |                  | (14,000)           | (28,000)           | 0                | (28,000)           |
| 3. ISSD Chargeback Reallocation                      |              |              | 0.0          | 140,000            |                  | 140,000            | 140,000            |                  | 140,000            | 280,000            | 0                | 280,000            |
| 4. ITS Adjustment                                    |              |              | 0.0          | (14,000)           |                  | (14,000)           | (14,000)           |                  | (14,000)           | (28,000)           | 0                | (28,000)           |
|  |              |              | 0.0          |                    |                  | 0                  |                    |                  | 0                  | 0                  | 0                | 0                  |
| <b>020 Total</b>                                     | <b>0.0</b>   | <b>0.0</b>   | <b>0.0</b>   | <b>109,000</b>     | <b>0</b>         | <b>109,000</b>     | <b>109,000</b>     | <b>0</b>         | <b>109,000</b>     | <b>218,000</b>     | <b>0</b>         | <b>218,000</b>     |
| <b>030 Mental Health</b>                             |              |              |              |                    |                  |                    |                    |                  |                    |                    |                  |                    |
| 1. ISSD Compensation Adjustments                     |              |              | 0.0          | (10,000)           |                  | (10,000)           | (10,000)           |                  | (10,000)           | (20,000)           | 0                | (20,000)           |
| 2. CFS Compensation Adjustments                      |              |              | 0.0          | (34,000)           |                  | (34,000)           | (34,000)           |                  | (34,000)           | (68,000)           | 0                | (68,000)           |
| 3. ISSD Chargeback Reallocation                      |              |              | 0.0          | 532,000            | 39,000           | 571,000            | 532,000            | 39,000           | 571,000            | 1,064,000          | 78,000           | 1,142,000          |
| 4. ITS Adjustment                                    |              |              | 0.0          | (20,000)           |                  | (20,000)           | (20,000)           |                  | (20,000)           | (40,000)           | 0                | (40,000)           |
|  |              |              | 0.0          |                    |                  | 0                  |                    |                  | 0                  | 0                  | 0                | 0                  |
| <b>030 Total</b>                                     | <b>0.0</b>   | <b>0.0</b>   | <b>0.0</b>   | <b>468,000</b>     | <b>39,000</b>    | <b>507,000</b>     | <b>468,000</b>     | <b>39,000</b>    | <b>507,000</b>     | <b>936,000</b>     | <b>78,000</b>    | <b>1,014,000</b>   |
| <b>040 Developmental Disabilities Administration</b> |              |              |              |                    |                  |                    |                    |                  |                    |                    |                  |                    |
| 1. ISSD Compensation Adjustments                     |              |              | 0.0          | (12,000)           |                  | (12,000)           | (12,000)           |                  | (12,000)           | (24,000)           | 0                | (24,000)           |
| 2. CFS Compensation Adjustments                      |              |              | 0.0          | (35,000)           |                  | (35,000)           | (35,000)           |                  | (35,000)           | (70,000)           | 0                | (70,000)           |
| 3. ISSD Chargeback Reallocation                      |              |              | 0.0          | 511,000            | 355,000          | 866,000            | 511,000            | 355,000          | 866,000            | 1,022,000          | 710,000          | 1,732,000          |
| 4. ITS Adjustment                                    |              |              | 0.0          | (40,000)           |                  | (40,000)           | (40,000)           |                  | (40,000)           | (80,000)           | 0                | (80,000)           |
| 6. AL TSA to DDA Transfer                            | 3.0          | 3.0          | 3.0          |                    | 339,000          | 339,000            |                    | 339,000          | 339,000            | 0                  | 678,000          | 678,000            |
|  |              |              | 0.0          |                    |                  | 0                  |                    |                  | 0                  | 0                  | 0                | 0                  |
| <b>040 Total</b>                                     | <b>3.0</b>   | <b>3.0</b>   | <b>3.0</b>   | <b>424,000</b>     | <b>694,000</b>   | <b>1,118,000</b>   | <b>424,000</b>     | <b>694,000</b>   | <b>1,118,000</b>   | <b>848,000</b>     | <b>1,388,000</b> | <b>2,236,000</b>   |
| <b>050 Aging &amp; Long-Term Support Admin</b>       |              |              |              |                    |                  |                    |                    |                  |                    |                    |                  |                    |
| 1. ISSD Compensation Adjustments                     |              |              | 0.0          | (13,000)           |                  | (13,000)           | (13,000)           |                  | (13,000)           | (26,000)           | 0                | (26,000)           |
| 2. CFS Compensation Adjustments                      |              |              | 0.0          | (2,000)            |                  | (2,000)            | (2,000)            |                  | (2,000)            | (4,000)            | 0                | (4,000)            |
| 3. ISSD Chargeback Reallocation                      |              |              | 0.0          | 12,000             | 12,000           | 24,000             | 12,000             | 12,000           | 24,000             | 24,000             | 24,000           | 48,000             |
| 4. ITS Adjustment                                    |              |              | 0.0          | (83,000)           |                  | (83,000)           | (83,000)           |                  | (83,000)           | (166,000)          | 0                | (166,000)          |
| 5. ODHH Compensation Adjustment                      |              |              | 0.0          | 6,000              |                  | 6,000              | (12,000)           |                  | (12,000)           | (6,000)            | 0                | (6,000)            |
| 6. AL TSA to DDA Transfer                            | (3.0)        | (3.0)        | (3.0)        | 0                  | (339,000)        | (339,000)          | 0                  | (339,000)        | (339,000)          | 0                  | (678,000)        | (678,000)          |
| 7. CA to AL TSA Transfer                             | 0.5          | 0.5          | 0.5          | 29,000             | 28,000           | 57,000             | 29,000             | 28,000           | 57,000             | 58,000             | 56,000           | 114,000            |
| 8. ESA to AL TSA Transfer                            | 0.5          | 0.5          | 0.5          | 24,000             | 23,000           | 47,000             | 24,000             | 23,000           | 47,000             | 48,000             | 46,000           | 94,000             |
|  |              |              | 0.0          |                    |                  | 0                  |                    |                  | 0                  | 0                  | 0                | 0                  |
| <b>050 Total</b>                                     | <b>(2.0)</b> | <b>(2.0)</b> | <b>(2.0)</b> | <b>(27,000)</b>    | <b>(276,000)</b> | <b>(303,000)</b>   | <b>(45,000)</b>    | <b>(276,000)</b> | <b>(321,000)</b>   | <b>(72,000)</b>    | <b>(552,000)</b> | <b>(624,000)</b>   |
| <b>060 Economic Services Administration</b>          |              |              |              |                    |                  |                    |                    |                  |                    |                    |                  |                    |
| 1. ISSD Compensation Adjustments                     |              |              | 0.0          | (47,000)           |                  | (47,000)           | (47,000)           |                  | (47,000)           | (94,000)           | 0                | (94,000)           |
| 2. CFS Compensation Adjustments                      |              |              | 0.0          | (7,000)            |                  | (7,000)            | (7,000)            |                  | (7,000)            | (14,000)           | 0                | (14,000)           |
| 3. ISSD Chargeback Reallocation                      |              |              | 0.0          | (1,023,000)        | (463,000)        | (1,486,000)        | (1,023,000)        | (463,000)        | (1,486,000)        | (2,046,000)        | (926,000)        | (2,972,000)        |
| 4. ITS Adjustment                                    |              |              | 0.0          | (411,000)          |                  | (411,000)          | (411,000)          |                  | (411,000)          | (822,000)          | 0                | (822,000)          |
| 8. ESA to AL TSA Transfer                            | (0.5)        | (0.5)        | (0.5)        | (24,000)           | (23,000)         | (47,000)           | (24,000)           | (23,000)         | (47,000)           | (48,000)           | (46,000)         | (94,000)           |
|  |              |              | 0.0          |                    |                  | 0                  |                    |                  | 0                  | 0                  | 0                | 0                  |
| <b>060 Total</b>                                     | <b>(0.5)</b> | <b>(0.5)</b> | <b>(0.5)</b> | <b>(1,512,000)</b> | <b>(486,000)</b> | <b>(1,998,000)</b> | <b>(1,512,000)</b> | <b>(486,000)</b> | <b>(1,998,000)</b> | <b>(3,024,000)</b> | <b>(972,000)</b> | <b>(3,996,000)</b> |
| <b>070 Alcohol and Substance Abuse</b>               |              |              |              |                    |                  |                    |                    |                  |                    |                    |                  |                    |
| 3. ISSD Chargeback Reallocation                      |              |              | 0.0          | 2,000              | 1,000            | 3,000              | 2,000              | 1,000            | 3,000              | 4,000              | 2,000            | 6,000              |
| 4. ITS Adjustment                                    |              |              | 0.0          | (6,000)            |                  | (6,000)            | (6,000)            |                  | (6,000)            | (12,000)           | 0                | (12,000)           |
|  |              |              | 0.0          |                    |                  | 0                  |                    |                  | 0                  | 0                  | 0                | 0                  |
| <b>070 Total</b>                                     | <b>0.0</b>   | <b>0.0</b>   | <b>0.0</b>   | <b>(4,000)</b>     | <b>1,000</b>     | <b>(3,000)</b>     | <b>(4,000)</b>     | <b>1,000</b>     | <b>(3,000)</b>     | <b>(8,000)</b>     | <b>2,000</b>     | <b>(6,000)</b>     |
| <b>100 Division of Voc. Rehabilitation</b>           |              |              |              |                    |                  |                    |                    |                  |                    |                    |                  |                    |
| 1. ISSD Compensation Adjustments                     |              |              | 0.0          | (2,000)            |                  | (2,000)            | (2,000)            |                  | (2,000)            | (4,000)            | 0                | (4,000)            |
| 2. CFS Compensation Adjustments                      |              |              | 0.0          |                    |                  | 0                  |                    |                  | 0                  | 0                  | 0                | 0                  |
| 3. ISSD Chargeback Reallocation                      |              |              | 0.0          | (35,000)           |                  | (35,000)           | (35,000)           |                  | (35,000)           | (70,000)           | 0                | (70,000)           |
| 4. ITS Adjustment                                    |              |              | 0.0          | (15,000)           |                  | (15,000)           | (15,000)           |                  | (15,000)           | (30,000)           | 0                | (30,000)           |
| 5. ODHH Compensation Adjustment                      |              |              | 0.0          | (6,000)            |                  | (6,000)            | 12,000             |                  | 12,000             | 6,000              | 0                | 6,000              |
|  |              |              | 0.0          |                    |                  | 0                  |                    |                  | 0                  | 0                  | 0                | 0                  |
| <b>100 Total</b>                                     | <b>0.0</b>   | <b>0.0</b>   | <b>0.0</b>   | <b>(58,000)</b>    | <b>0</b>         | <b>(58,000)</b>    | <b>(40,000)</b>    | <b>0</b>         | <b>(40,000)</b>    | <b>(98,000)</b>    | <b>0</b>         | <b>(98,000)</b>    |
| <b>110 Administration &amp; Supporting Services</b>  |              |              |              |                    |                  |                    |                    |                  |                    |                    |                  |                    |
| 1. ISSD Compensation Adjustments                     |              |              | 0.0          | 107,000            |                  | 107,000            | 107,000            |                  | 107,000            | 214,000            | 0                | 214,000            |
| 2. CFS Compensation Adjustments                      |              |              | 0.0          | 108,000            |                  | 108,000            | 108,000            |                  | 108,000            | 216,000            | 0                | 216,000            |
| 3. ISSD Chargeback Reallocation                      |              |              | 0.0          | 219,000            | 80,000           | 299,000            | 219,000            | 80,000           | 299,000            | 438,000            | 160,000          | 598,000            |
| 4. ITS Adjustment                                    |              |              | 0.0          | (10,000)           |                  | (10,000)           | (10,000)           |                  | (10,000)           | (20,000)           | 0                | (20,000)           |
|  |              |              | 0.0          |                    |                  | 0                  |                    |                  | 0                  | 0                  | 0                | 0                  |
| <b>110 Total</b>                                     | <b>0.0</b>   | <b>0.0</b>   | <b>0.0</b>   | <b>424,000</b>     | <b>80,000</b>    | <b>504,000</b>     | <b>424,000</b>     | <b>80,000</b>    | <b>504,000</b>     | <b>848,000</b>     | <b>160,000</b>   | <b>1,008,000</b>   |

**2015-17 Biennial Budget  
Transfers**

|                           | Program                                     | FTEs       |            |            | FY 2016        |          |                | FY 2017        |          |                | 2015-17 Biennium |          |                  |
|---------------------------|---|------------|------------|------------|----------------|----------|----------------|----------------|----------|----------------|------------------|----------|------------------|
|                           |   | FY16       | FY17       | Total      | 001-1          | Other    | Total          | 001-1          | Other    | Total          | 001-1            | Other    | Total            |
| 135                       | <b>Special Commitment Center</b>            |            |            |            |                |          |                |                |          |                |                  |          |                  |
|                           | 1. ISSD Compensation Adjustments            |            |            | 0.0        | (2,000)        |          | (2,000)        | (2,000)        |          | (2,000)        | (4,000)          | 0        | (4,000)          |
|                           | 2. CFS Compensation Adjustments             |            |            | 0.0        | (10,000)       |          | (10,000)       | (10,000)       |          | (10,000)       | (20,000)         | 0        | (20,000)         |
|                           | 3. ISSD Chargeback Reallocation             |            |            | 0.0        | 143,000        |          | 143,000        | 143,000        |          | 143,000        | 286,000          | 0        | 286,000          |
|                           | 4. ITS Adjustment                           |            |            | 0.0        | (4,000)        |          | (4,000)        | (4,000)        |          | (4,000)        | (8,000)          | 0        | (8,000)          |
|                           |   |            |            | 0.0        |                |          | 0              |                |          | 0              | 0                | 0        | 0                |
|                           | <b>135 Total</b>                            | <b>0.0</b> | <b>0.0</b> | <b>0.0</b> | <b>127,000</b> | <b>0</b> | <b>127,000</b> | <b>127,000</b> | <b>0</b> | <b>127,000</b> | <b>254,000</b>   | <b>0</b> | <b>254,000</b>   |
| 145                       | <b>Payments to Other Agencies</b>           |            |            |            |                |          |                |                |          |                |                  |          |                  |
|                           | 4. ITS Adjustment                           |            |            | 0.0        | 676,000        |          | 676,000        | 676,000        |          | 676,000        | 1,352,000        | 0        | 1,352,000        |
|                           |   |            |            | 0.0        |                |          | 0              |                |          | 0              | 0                | 0        | 0                |
|                           | <b>145 Total</b>                            | <b>0.0</b> | <b>0.0</b> | <b>0.0</b> | <b>676,000</b> | <b>0</b> | <b>676,000</b> | <b>676,000</b> | <b>0</b> | <b>676,000</b> | <b>1,352,000</b> | <b>0</b> | <b>1,352,000</b> |
| 150                       | <b>Information System Services Division</b> |            |            |            |                |          |                |                |          |                |                  |          |                  |
|                           | 4. ITS Adjustment                           |            |            | 0.0        |                |          | 0              |                |          | 0              | 0                | 0        | 0                |
|                           |   |            |            | 0.0        |                |          | 0              |                |          | 0              | 0                | 0        | 0                |
|                           | <b>150 Total</b>                            | <b>0.0</b> | <b>0.0</b> | <b>0.0</b> | <b>0</b>       | <b>0</b> | <b>0</b>       | <b>0</b>       | <b>0</b> | <b>0</b>       | <b>0</b>         | <b>0</b> | <b>0</b>         |
| 160                       | <b>Consolidated Field Services</b>          |            |            |            |                |          |                |                |          |                |                  |          |                  |
|                           |   |            |            | 0.0        |                |          | 0              |                |          | 0              | 0                | 0        | 0                |
|                           | <b>160 Total</b>                            | <b>0.0</b> | <b>0.0</b> | <b>0.0</b> | <b>0</b>       | <b>0</b> | <b>0</b>       | <b>0</b>       | <b>0</b> | <b>0</b>       | <b>0</b>         | <b>0</b> | <b>0</b>         |
| <b>Agency-Wide Total:</b> |   | <b>0</b>   | <b>0</b>   | <b>0.0</b> | <b>0</b>       | <b>0</b> | <b>0</b>       | <b>0</b>       | <b>0</b> | <b>0</b>       | <b>0</b>         | <b>0</b> | <b>0</b>         |

**NOTES:**

1. Information System Services Division (ISSD) compensation adjustments from Administration & Supporting Services (Admin). Item adjusts object TZ costs. No Carry Forward Level adjustment needed for the 2017-19 Biennium.
2. Consolidated Field Services (CFS) compensation adjustments from Administration & Supporting Services (Admin). Item adjusts object B. No Carry Forward Level adjustment needed for the 2017-19 Biennium.
3. Information System Services Division (ISSD) reallocation of chargeback funding. Item adjusts object TZ costs. No Carry Forward Level adjustment needed for the 2017-19 Biennium.
4. Information Technology Savings from Payments to Other Agencies. Item adjust object E and TZ. No Carry Forward Level adjustment needed for the 2017-19 Biennium.
5. Office of Deaf and Hard of Hearing compensation adjustment from Division of Vocational Rehabilitation. Item adjusts object B. No Carry Forward Level adjustment needed for the 2017-19 Biennium.
6. ATSA to DDA Transfer - alignment of the budget for the staff are working on Roads to Community Living.
7. CA to ALTSA Transfer - alignment of the budget for the staff that are working on Foster Well Being.
8. ESA to ALTSA Transfer - alignment of the budget for the long term care workload related to Western State Hospital.





## Recommendation Summary

Budget Period: 2015-17

Version: C1 - 030 2015-17 Final 2-YR LEG Budget

Budget Level Criteria: PL Only

| Dollars in Thousands                 | Agency<br>Priority                  | Annual<br>Avg FTEs | General<br>Fund State | Other Funds | Total Funds   |
|--------------------------------------|-------------------------------------|--------------------|-----------------------|-------------|---------------|
| <b>PL - Performance Level</b>        |                                     |                    |                       |             |               |
| E4                                   | PALS                                | 0                  | (10,400)              | 0           | (10,400)      |
| E6                                   | Offender Reentry Community Safety   | 0                  | (3,620)               | 0           | (3,620)       |
| E8                                   | Criminal Incompetency               | 0                  | (550)                 | (372)       | (922)         |
| R0                                   | Enhanced Training for Hosp Staff    | 20.4               | 3,902                 | 0           | 3,902         |
| R1                                   | Psych. Intensive Care Unit (PICU)   | 22.8               | 3,923                 | 0           | 3,923         |
| R2                                   | Psychiatric Emergency Response Team | 23.0               | 3,668                 | 0           | 3,668         |
| R6                                   | Criminal Incompetency               | 0.0                | 550                   | 372         | 922           |
| R8                                   | Offender Reentry Community Safety   | 0.0                | 3,620                 | 0           | 3,620         |
| RA                                   | PALS                                | 0.0                | 10,400                | 0           | 10,400        |
| RF                                   | JLARC Recommendations               | 2.0                | 467                   | 35          | 502           |
| RG                                   | Hospital Staffing Levels            | 0.0                | 0                     | 0           | 0             |
| <b>SubTotal PL</b>                   |                                     | <b>68.2</b>        | <b>11,960</b>         | <b>35</b>   | <b>11,995</b> |
| <b>Total Proposed PL Only Budget</b> |                                     | <b>68.2</b>        | <b>11,960</b>         | <b>35</b>   | <b>11,995</b> |

Department of Social and Health Services

DP Code/Title: PL-E4 PALS

Program Level - 030 BHSIA - Mental Health

Budget Period: 2015-17 Version: C1 030 2015-17 Final 2-YR LEG Budget

Recommendation Summary Text:

As required by 2015-17 Biennial Budget Instructions, the Behavioral Health and Service Integration Administration (BHSIA) is submitting the following reduction option that would eliminate the Program for Adaptive Living Skills (PALS) funding to Western Regional Support Networks (RSN). These funds are primarily used to support housing for seriously and persistently mentally ill consumers who are not eligible for other funding to secure safe housing. By implementing this reduction, BHSIA expects to see increases in the number of individuals with complex mental health issues experiencing homelessness, needing crisis services, and hospitalizations.

Fiscal Detail:

Operating Expenditures

|  | <u>FY 1</u>        | <u>FY 2</u>        | <u>Total</u>        |
|--|--------------------|--------------------|---------------------|
| <b>Overall Funding</b>                   |                    |                    |                     |
| 001-1 General Fund - Basic Account-State | (5,200,000)        | (5,200,000)        | (10,400,000)        |
| <b>Total Cost</b>                        | <b>(5,200,000)</b> | <b>(5,200,000)</b> | <b>(10,400,000)</b> |

Staffing

Package Description:

The primary use of the PALS funding is to support approximately 800 individuals in varied housing resources and to provide non-Medicaid treatment services. Many RSNs use the PALS funding to provide Adult Residential Care Services to individuals who have complex issues but do not meet eligibility standards for assistance through Home and Community Services. These individuals often require more structure than supportive housing services provides but not at the intensive level provided at a skilled nursing facility or inpatient setting. The individuals served through these funds are not able to be maintained within their communities without structured housing supports. Removing these structured supports would result in a high likelihood of re-hospitalization and incarceration for a substantial percentage of these individuals. However, if the client is Medicaid eligible the RSNs would continue to provide such services.

A Department of Social and Health Services (DSHS) Research and Data Analysis (RDA) report, "The Housing Status of Individuals Leaving Institutions and Out-of-Home Care" ([url- http://www.dshs.wa.gov/pdf/ms/rda/research/11/200.pdf](http://www.dshs.wa.gov/pdf/ms/rda/research/11/200.pdf)), indicated 48 percent of individuals that exit chemical dependency residential facilities become homeless within a 12-month period following exit and 29 percent of individuals exiting state mental health hospitals (not including E&Ts or local hospitals) are homeless within a 12-month period following exit.

This reduction would be implemented by not contracting with the RSNs for these services. As soon as a final decision to implement the reduction is made, BHSIA will notify the RSNs that there will be no PALS Alternative funding in the next biennium. RSNs will then have to begin finding alternative funding for housing, or other resources for this highly vulnerable population. It is unlikely that RSNs will be able to secure alternative resources without cutting resources for other vulnerable consumers. No state laws or rules will need to be amended to implement these cuts.

Agency Contact: Martha Brenna (360) 902-8194  
Program Contact: David Reed (360)725-1457

Narrative Justification and Impact Statement

*What specific performance outcomes does the agency expect?*

Please see the description above.

Department of Social and Health Services

**DP Code/Title: PL-E4 PALS**  
**Program Level - 030 BHSIA - Mental Health**

Budget Period: 2015-17 Version: C1 030 2015-17 Final 2-YR LEG Budget

*Performance Measure Detail*

**Agency Level**

**Activity: C069 Other Community Mental Health Services**

No measures linked to package

| Incremental Changes |             |
|---------------------|-------------|
| <u>FY 1</u>         | <u>FY 2</u> |
| 0.00                | 0.00        |

*Is this decision package essential to implement a strategy identified in the agency's strategic plan?*

Not applicable.

*Does this decision package provide essential support to one or more of the Governor's Results Washington priorities?*

Not applicable.

*What are the other important connections or impacts related to this proposal?*

The RSNs would have significant concerns about the changes related to this proposed reduction and the impact on their communities. The Governor's Advisory Council on Homelessness and the Chronic Homeless Policy Academy would have concerns about the reduction in housing resources for individuals with complex behavioral health issues.

*What alternatives were explored by the agency, and why was this alternative chosen?*

The Department of Social and Health Services invited feedback from stakeholders and staff on the prioritization of our budget (For further detail visit: <http://www.dshs.wa.gov/budget/2015-17prioritization.shtml>). The feedback was considered when choosing this reduction option.

*What are the consequences of adopting or not adopting this package?*

Please see the description above.

*What is the relationship, if any, to the state's capital budget?*

This request has no impact on the capital budget.

*What changes would be required to existing statutes, rules, or contracts, in order to implement the change?*

This request has no impact to existing statutes, rules or contracts.

*Expenditure and revenue calculations and assumptions*

Cost calculations are based on the PALS proviso amounts.

*Which costs and functions are one-time? Which are ongoing? What are the budget impacts in future biennia?*

The savings are ongoing and will carry forward into future biennia.

| <u>Object Detail</u>                 | <u>FY 1</u> | <u>FY 2</u> | <u>Total</u> |
|--------------------------------------|-------------|-------------|--------------|
| <b>Overall Funding</b>               |             |             |              |
| N Grants, Benefits & Client Services | (5,200,000) | (5,200,000) | (10,400,000) |

State of Washington  
**Decision Package**  
 Department of Social and Health Services

**DP Code/Title: PL-E4 PALS**

**Program Level - 030 BHSIA - Mental Health**

Budget Period: 2015-17    Version: C1 030 2015-17 Final 2-YR LEG Budget

**DSHS Source Code Detail**

| <b>Overall Funding</b>                                | <b><u>FY 1</u></b> | <b><u>FY 2</u></b> | <b><u>Total</u></b> |
|---|--------------------|--------------------|---------------------|
| <b>Fund 001-1, General Fund - Basic Account-State</b> |                    |                    |                     |
| <b><u>Sources</u>   <u>Title</u></b>                  |                    |                    |                     |
| 0011    General Fund State                            | (5,200,000)        | (5,200,000)        | (10,400,000)        |
| <i>Total for Fund 001-1</i>                           | (5,200,000)        | (5,200,000)        | (10,400,000)        |
| <b>Total Overall Funding</b>                          | (5,200,000)        | (5,200,000)        | (10,400,000)        |

**Department of Social and Health Services**

**DP Code/Title: PL-E6 Offender Reentry Community Safety  
 Program Level - 030 BHSIA - Mental Health**

Budget Period: 2015-17 Version: C1 030 2015-17 Final 2-YR LEG Budget

**Recommendation Summary Text:**

As required by 2015-17 Biennial Budget Instructions, the Behavioral Health and Service Integration Administration (BHSIA) is submitting the following reduction option that would eliminate the Offender Reentry Community Safety Program (ORCSP). Mental health services for ORCSP offenders will be eliminated. By implementing this reduction, BHSIA expects to eliminate services for 245 offenders annually. These offenders have significant mental health issues, are considered dangerous, and will be released from prison without enhanced planning, immediate treatment, and little housing support which will likely lead to increased public safety risk and recidivism.

**Fiscal Detail:**

| <u>Operating Expenditures</u>            | <u>FY 1</u>        | <u>FY 2</u>        | <u>Total</u>       |
|--|--------------------|--------------------|--------------------|
| <b>Overall Funding</b>                   |                    |                    |                    |
| 001-1 General Fund - Basic Account-State | (1,810,000)        | (1,810,000)        | (3,620,000)        |
| <b>Total Cost</b>                        | <b>(1,810,000)</b> | <b>(1,810,000)</b> | <b>(3,620,000)</b> |

Staffing

**Package Description:**

BHSIA's Division of Behavioral Health and Recovery (DBHR) was directed to contract with Regional Support Networks (RSNs) and community mental health agencies to plan and deliver support and treatment services for identified offenders releasing from prison. Support and treatment includes pre and post- release services. Services include pre-engagement, intensive case management, needs assessment, involuntary treatment act referrals, mental health services and treatment, sex offender treatment, chemical dependency treatment, housing assistance, educational services, medical and other non-medical treatment supports.

Program participants are offenders released from a Department of Corrections (DOC) facility who meet criteria of having a major mental disorder, are considered dangerous, and who agree to participate in the program. Typically, the participants have significant disabilities related to a mental health disorder and criminal histories that establish a risk to the community if not treated. Over 85 to 90 percent of the participants are Medicaid enrolled after release from incarceration. Mentally ill offenders are referred from DOC institutions and eligibility is determined by the Statewide Review Committee (co-chaired by DOC and the BHSIA Program Administrator).

The proposed reduction will eliminate the ORCSP, which predominately pays for services that are not reimbursable under Medicaid such as housing, room and board, and sex offender evaluations. However, if the client is Medicaid eligible the RSNs would continue to provide such services. By implementing this reduction, BHSIA expects to reduce mental health services for 245 offenders annually during the 2015-17 Biennium. Community Mental Health Agencies under contract with the RSNs would be required to reduce FTEs that support the offender reentry community safety program.

This reduction would be implemented by not contracting with RSNs for ORCSP mental health services on July 1, 2015. Regulatory authority for ORCSP is through Revised Code of Washington (RCW) 71.24 and RCW 71.24.470 allows contracting for services to the extent that funds are appropriated for this program.

Agency Contact: Martha Brenna (360) 902-8194  
 Program Contact: Dennis W. Malmer (360) 725-3747

**Narrative Justification and Impact Statement**

*What specific performance outcomes does the agency expect?*

Department of Social and Health Services

DP Code/Title: **PL-E6 Offender Reentry Community Safety**

**Program Level - 030 BHSIA - Mental Health**

Budget Period: 2015-17 Version: C1 030 2015-17 Final 2-YR LEG Budget

Please see the description above.

***Performance Measure Detail***

**Agency Level**

Activity: **C072 Mental Health Services - Dangerously Mentally Ill  
Offender Program (DMIO)**

**Incremental Changes**

**FY 1**

**FY 2**

No measures linked to package

0.00

0.00

*Is this decision package essential to implement a strategy identified in the agency's strategic plan?*

Not applicable.

*Does this decision package provide essential support to one or more of the Governor's Results Washington priorities?*

Not applicable.

*What are the other important connections or impacts related to this proposal?*

BHSIA maintains a number of partnerships for ORCSP. BHSIA and RSNs are responsible for local partnerships intended to carry out the legislative mandate for this program, including:

- Department of Corrections Institutions and Community Staff
- Law Enforcement and Prosecutors
- State Hospitals
- Regional Support Networks, Community Behavioral Health Centers, and Chemical Dependency Agencies
- Sex Offender Treatment Providers
- Tribes

We do not expect any stakeholders or partners to support elimination of the ORCSP.

*What alternatives were explored by the agency, and why was this alternative chosen?*

The Department of Social and Health Services invited feedback from stakeholders and staff on the prioritization of our budget (For further detail visit: <http://www.dshs.wa.gov/budget/2015-17prioritization.shtml>). The feedback was considered when choosing this reduction option.

*What are the consequences of adopting or not adopting this package?*

Please see the description above.

*What is the relationship, if any, to the state's capital budget?*

This request has no impact on the capital budget.

*What changes would be required to existing statutes, rules, or contracts, in order to implement the change?*

RCW 71.24 will need to be amended to implement this decision package.

***Expenditure and revenue calculations and assumptions***

Cost calculations are based on the current ORCSP expenditures.

**Department of Social and Health Services**

**DP Code/Title: PL-E6 Offender Reentry Community Safety**

**Program Level - 030 BHSIA - Mental Health**

Budget Period: 2015-17 Version: C1 030 2015-17 Final 2-YR LEG Budget

*Which costs and functions are one-time? Which are ongoing? What are the budget impacts in future biennia?*

The savings are ongoing and will carry forward into future biennia.

| <u>Object Detail</u>                 | <u>FY 1</u> | <u>FY 2</u> | <u>Total</u> |
|--------------------------------------|-------------|-------------|--------------|
| <b>Overall Funding</b>               |             |             |              |
| N Grants, Benefits & Client Services | (1,810,000) | (1,810,000) | (3,620,000)  |

**DSHS Source Code Detail**

| <u>Overall Funding</u>                         | <u>FY 1</u>        | <u>FY 2</u>        | <u>Total</u>       |
|--|--------------------|--------------------|--------------------|
| Fund 001-1, General Fund - Basic Account-State |                    |                    |                    |
| <u>Sources</u> <u>Title</u>                    |                    |                    |                    |
| 0011    General Fund State                     | (1,810,000)        | (1,810,000)        | (3,620,000)        |
| <i>Total for Fund 001-1</i>                    | <u>(1,810,000)</u> | <u>(1,810,000)</u> | <u>(3,620,000)</u> |
| <b>Total Overall Funding</b>                   | <u>(1,810,000)</u> | <u>(1,810,000)</u> | <u>(3,620,000)</u> |

**Department of Social and Health Services**

**DP Code/Title: PL-E8 Criminal Incompetency**  
**Program Level - 030 BHSIA - Mental Health**

Budget Period: 2015-17    Version: C1 030 2015-17 Final 2-YR LEG Budget

**Recommendation Summary Text:**

As required by 2015-17 Biennial Budget Instructions, the Behavioral Health and Service Integration Administration (BHSIA) is submitting the following reduction option to reduce the funding for program administration and oversight of HB 1114 addressing violent, legally incompetent, and mentally ill individuals released to the community where they could potentially commit further acts of violence due to the offender's mental condition and/or developmental disability. Current client impact is less than 20; if the program were fully implemented, 501 individuals would be impacted.

**Fiscal Detail:**

**Operating Expenditures**

|   | <u>FY 1</u>      | <u>FY 2</u>      | <u>Total</u>     |
|---|------------------|------------------|------------------|
| <b>Overall Funding</b>                              |                  |                  |                  |
| 001-1 General Fund - Basic Account-State            | (275,000)        | (275,000)        | (550,000)        |
| 001-C General Fund - Basic Account-Medicaid Federal | (186,000)        | (186,000)        | (372,000)        |
| <b>Total Cost</b>                                   | <b>(461,000)</b> | <b>(461,000)</b> | <b>(922,000)</b> |

**Staffing**

**Package Description:**

This program provides for coordination with mental health professionals, RSNs, and state hospital staff to develop an effective, efficient program to meet the treatment needs of violent, legally incompetent, and mentally ill individuals discharged from the state hospitals back into the community. The fiscal note estimated that there would be approximately 42 individuals who would be eligible for the program. However, the program currently has fewer than 20 participants.

The project provides substantial monitoring of the discharged individuals and includes individualized funding for housing and other essential needs not covered by other forms of public assistance. Funding for housing is a critical component of the project, given that this population is notoriously difficult to house and very few landlords are willing to rent to these individuals.

A reduction to this program will result in fewer discharges from the state hospital for this population. Additionally, when these individuals are released there will be a greater potential that the consumer could re-offend, committing additional acts of violence due to their mental condition and/or developmental disability.

By implementing this reduction, BHSIA expects to decrease funds for monitoring and oversight. Client and staff impact is low, however, public safety could be at risk. The individuals in this program would be at risk for incarceration and/or hospitalization.

When fully implemented, the program would have required amendments to RSN contracts, RSN staff participation, and a review of each case by the Public Safety Review Panel.

Agency Contact: Martha Brenna (360) 902-8194  
 Program Contact: David Reed (360) 725-1457

**Narrative Justification and Impact Statement**

*What specific performance outcomes does the agency expect?*

Please see the description above.

**Department of Social and Health Services**

**DP Code/Title: PL-E8 Criminal Incompetency**

**Program Level - 030 BHSIA - Mental Health**

Budget Period: 2015-17 Version: C1 030 2015-17 Final 2-YR LEG Budget

*Performance Measure Detail*

**Agency Level**

**Activity: C069 Other Community Mental Health Services**

No measures linked to package

**Incremental Changes**

**FY 1**

**FY 2**

0.00

0.00

*Is this decision package essential to implement a strategy identified in the agency's strategic plan?*

Not applicable.

*Does this decision package provide essential support to one or more of the Governor's Results Washington priorities?*

Not applicable.

*What are the other important connections or impacts related to this proposal?*

The following stakeholders would have concerns about the elimination of this program: Public Safety Groups, the Public Safety Review Panel, State Law Enforcement Officials, Victim/Witness Groups, and Regional Support Networks.

*What alternatives were explored by the agency, and why was this alternative chosen?*

The Department of Social and Health Services invited feedback from stakeholders and staff on the prioritization of our budget (For further detail visit: <http://www.dshs.wa.gov/budget/2015-17prioritization.shtml>). The feedback was considered when choosing this reduction option.

*What are the consequences of adopting or not adopting this package?*

Please see the description above.

*What is the relationship, if any, to the state's capital budget?*

This request has no impact on the capital budget.

*What changes would be required to existing statutes, rules, or contracts, in order to implement the change?*

This request has no impact to existing statutes, rules or contracts.

*Expenditure and revenue calculations and assumptions*

Cost calculations are based on the Criminal Incompetency proviso amounts.

*Which costs and functions are one-time? Which are ongoing? What are the budget impacts in future biennia?*

The savings are ongoing and will carry forward into future biennia.

**Object Detail**

**Overall Funding**

N Grants, Benefits & Client Services

**FY 1**

**FY 2**

**Total**

(461,000)

(461,000)

(922,000)

State of Washington  
**Decision Package**  
**Department of Social and Health Services**

**DP Code/Title: PL-E8 Criminal Incompetency**  
**Program Level - 030 BHSIA - Mental Health**

Budget Period: 2015-17    Version: C1 030 2015-17 Final 2-YR LEG Budget

**DSHS Source Code Detail**

| <b>Overall Funding</b>   | <b><u>FY 1</u></b> | <b><u>FY 2</u></b> | <b><u>Total</u></b> |
|--|--------------------|--------------------|---------------------|
| <b>Fund 001-1, General Fund - Basic Account-State</b>            |                    |                    |                     |
| <b><u>Sources</u>   <u>Title</u></b>                             |                    |                    |                     |
| 0011    General Fund State                                       | (275,000)          | (275,000)          | (550,000)           |
| <i>Total for Fund 001-1</i>                                      | (275,000)          | (275,000)          | (550,000)           |
| <b>Fund 001-C, General Fund - Basic Account-Medicaid Federal</b> |                    |                    |                     |
| <b><u>Sources</u>   <u>Title</u></b>                             |                    |                    |                     |
| 19TA    Title XIX Assistance (FMAP)                              | (186,000)          | (186,000)          | (372,000)           |
| <i>Total for Fund 001-C</i>                                      | (186,000)          | (186,000)          | (372,000)           |
| <b>Total Overall Funding</b>                                     | (461,000)          | (461,000)          | (922,000)           |

**Department of Social and Health Services**

**DP Code/Title: PL-R0 Enhanced Training for Hosp Staff**  
**Program Level - 030 BHSIA - Mental Health**

Budget Period: 2015-17 Version: C1 030 2015-17 Final 2-YR LEG Budget

**Recommendation Summary Text:**

The Behavioral Health and Service Integration Administration (BHSIA) requests funding and 20.4 FTEs in order to backfill staffing on the wards at the state hospitals while staff complete additional annual training hours. By funding this request BHSIA is expected to meet one of the recommendations of the Ad Hoc Safety Committee.

**Fiscal Detail:**

| <u>Operating Expenditures</u>            | <u>FY 1</u>      | <u>FY 2</u>      | <u>Total</u>     |
|--|------------------|------------------|------------------|
| <b>Overall Funding</b>                   |                  |                  |                  |
| 001-1 General Fund - Basic Account-State | 2,012,000        | 1,890,000        | 3,902,000        |
| <b>Total Cost</b>                        | <b>2,012,000</b> | <b>1,890,000</b> | <b>3,902,000</b> |

**Staffing**

|                    | <u>FY 1</u> | <u>FY 2</u> | <u>Annual Avg</u> |
|--------------------|-------------|-------------|-------------------|
| <b>Agency FTEs</b> | <b>20.4</b> | <b>20.4</b> | <b>20.4</b>       |

**Package Description:**

**Problem Statement:**

Currently, the actual amount of annual training received by employees varies widely based on multiple factors including: staff shortages which will not allow for team members to leave the ward to attend training, variable prioritization of training, and unclear expectations. Targeted training gives staff the greatest resources for an increase in patient safety. The intention of this change is to standardize the annual training received statewide across the state hospitals and job classes:

--16 hours annually for Psychiatric Security Attendants, Mental Health Technicians and Institutional Psychiatric Child Care Counselors, and Institutional Counselors,

--18 hours annually for Licensed Practical Nurses,

--24 hours annually for Registered Nurses.

If this request is not funded, recent collaborative efforts by the Department of Social and Health Services (DSHS) to address training will be compromised and a key mitigation strategy for increasing patient safety will not be implemented.

**Proposed Solution:**

Funding will provide for a staffing level that allows 24/7 staff to leave the ward and attend critical training offered on campus. This request supports the clear expectation that training is a priority. Additionally, funding will provide for statewide trainers who will be responsible for curriculum development and delivery across the three state hospitals. These peer trainers will be responsible for ensuring consistent curriculum is taught across the hospitals in competency or skills labs; ensuring hands on training is provided to maintain and improve safety of staff and patients. Utilizing a consistent core of skills training will help ensure like data are reported and compared across the hospitals, reinforcing the goal of sustaining a safe environment for staff and patients.

Agency Contact: Martha Brenna (360) 902-8194  
 Program Contact: Victoria Roberts (360) 725-3715

**Narrative Justification and Impact Statement**

Department of Social and Health Services

**DP Code/Title: PL-R0 Enhanced Training for Hosp Staff**

**Program Level - 030 BHSIA - Mental Health**

Budget Period: 2015-17 Version: C1 030 2015-17 Final 2-YR LEG Budget

*What specific performance outcomes does the agency expect?*

**Performance Measure Detail**

**Agency Level**

**Activity: C063 Mental Health Facilities Services**

No measures linked to package

**Incremental Changes**

**FY 1**

**FY 2**

0.00

0.00

*Is this decision package essential to implement a strategy identified in the agency's strategic plan?*

The budget request supports DSHS Goal 1: Health - Each individual and each community will be healthy.

This decision package is essential to implementing the BHSIA Strategic Objective 1.11: increase the active treatment hours at Eastern and Western State Hospital.

It is desired and expected that patient care will be improved with the ongoing training given to staff ensuring they have access to the support and material necessary to excel.

*Does this decision package provide essential support to one or more of the Governor's Results Washington priorities?*

This decision package supports the Results Washington goals to:

Goal 4: Healthy and Safe Communities - Fostering the health of Washingtonians from a healthy start to a safe and supported future.

*What are the other important connections or impacts related to this proposal?*

SEIU Healthcare 1199NW will actively support this request as it will provide training for nursing staff.

WFSE will actively support this request as it provides ongoing and necessary strategies for getting staff members the training they are requesting.

*What alternatives were explored by the agency, and why was this alternative chosen?*

The request cannot be absorbed within existing resources for the following reason: re-directing resources from direct patient care is not a viable option.

*What are the consequences of adopting or not adopting this package?*

A major expected outcome is to decrease violence at the state hospitals and training has been identified as one of the key factors in reducing violence.

*What is the relationship, if any, to the state's capital budget?*

This request has no impact on the capital budget.

*What changes would be required to existing statutes, rules, or contracts, in order to implement the change?*

This request has no impact to existing statutes, rules or contracts.

**Department of Social and Health Services**

**DP Code/Title: PL-R0 Enhanced Training for Hosp Staff**

**Program Level - 030 BHSIA - Mental Health**

Budget Period: 2015-17 Version: C1 030 2015-17 Final 2-YR LEG Budget

*Expenditure and revenue calculations and assumptions*

Expenditures are based on the cost of 24 additional hours of training for Registered Nurses and the associated cost of backfilling the positions while the nurses attend training. It is assumed that the hospitals will offer the additional training and hire trainers. Classes are assumed to have 15 attendees and additional time is allowed for trainers to prepare the training. Productive staff hours are assumed to be 1,535 of the 2080 full time equivalent.

See attachment: 030BHSIA Enhanced Training.xlsb

*Which costs and functions are one-time? Which are ongoing? What are the budget impacts in future biennia?*

These costs are ongoing and will carry forward into future biennia.

| <u>Object Detail</u>          | <u>FY 1</u>      | <u>FY 2</u>      | <u>Total</u>     |
|-------------------------------|------------------|------------------|------------------|
| <b>Overall Funding</b>        |                  |                  |                  |
| A Salaries And Wages          | 1,609,000        | 1,609,000        | 3,218,000        |
| B Employee Benefits           | 96,000           | 96,000           | 192,000          |
| E Goods\Other Services        | 148,000          | 148,000          | 296,000          |
| J Capital Outlays             | 122,000          | 0                | 122,000          |
| P Debt Service                | 6,000            | 6,000            | 12,000           |
| T Intra-Agency Reimbursements | 31,000           | 31,000           | 62,000           |
| <b>Total Objects</b>          | <b>2,012,000</b> | <b>1,890,000</b> | <b>3,902,000</b> |

**DSHS Source Code Detail**

| <u>Overall Funding</u>                                | <u>FY 1</u>      | <u>FY 2</u>      | <u>Total</u>     |
|---|------------------|------------------|------------------|
| <b>Fund 001-1, General Fund - Basic Account-State</b> |                  |                  |                  |
| <b><u>Sources Title</u></b>                           |                  |                  |                  |
| 0011 General Fund State                               | 2,012,000        | 1,890,000        | 3,902,000        |
| <i>Total for Fund 001-1</i>                           | <b>2,012,000</b> | <b>1,890,000</b> | <b>3,902,000</b> |
| <b>Total Overall Funding</b>                          | <b>2,012,000</b> | <b>1,890,000</b> | <b>3,902,000</b> |

**2015-17 Biennial Budget**  
**Enhanced Training for Hosp Staff**

**State Hospital Total**

|  | FTE         | Total Funds         | Total Funds         | 2015-17             |
|--|-------------|---------------------|---------------------|---------------------|
|  |             | FY 2016             | FY 2017             |                     |
| <b>Annual Training and Backfill</b>                        |             |                     |                     |                     |
| WSH Annual Training Costs                                  | 13.0        | \$ 1,118,250        | \$ 1,118,250        | \$ 2,236,500        |
| CSTC Annual Training Costs                                 | 1.2         | \$ 69,000           | \$ 69,000           | \$ 138,000          |
| ESH Annual Training Costs                                  | 6.2         | \$ 517,750          | \$ 517,750          | \$ 1,035,500        |
| <b>Total Annual Training Costs</b>                         | <b>20.4</b> | <b>\$ 1,705,000</b> | <b>\$ 1,705,000</b> | <b>\$ 3,410,000</b> |
| <b>Associated Staff Costs</b>                              |             |                     |                     |                     |
| WSH  |             | \$ 197,000          | \$ 119,000          | \$ 316,000          |
| CSTC   |             | \$ 17,000           | \$ 10,000           | \$ 27,000           |
| ESH  |             | \$ 93,000           | \$ 56,000           | \$ 149,000          |
| <b>Total</b>   |             | <b>\$ 307,000</b>   | <b>\$ 185,000</b>   | <b>\$ 492,000</b>   |
| <b>Total Training, Backfill and Associated Staff Costs</b> |             |                     |                     |                     |
| WSH  |             | \$ 1,315,250        | \$ 1,237,250        | \$ 2,552,500        |
| CSTC   |             | \$ 86,000           | \$ 79,000           | \$ 165,000          |
| ESH  |             | \$ 610,750          | \$ 573,750          | \$ 1,184,500        |
| <b>TOTAL</b>   |             | <b>\$ 2,012,000</b> | <b>\$ 1,890,000</b> | <b>\$ 3,902,000</b> |

**Department of Social and Health Services**

**DP Code/Title: PL-R1 Psych. Intensive Care Unit (PICU)**

**Program Level - 030 BHSIA - Mental Health**

Budget Period: 2015-17 Version: C1 030 2015-17 Final 2-YR LEG Budget

**Recommendation Summary Text:**

The Behavioral Health and Service Integration Administration (BHSIA) is requesting funding for a Psychiatric Intensive Care Unit (PICU) at Western State Hospital to serve violent and assaultive patients located at both Western State Hospital (WSH) and Eastern State Hospital (ESH). The PICU will house high acuity patients for short term stays with a transition back to a standard ward after stabilization. PICU patients will be provided specialized patient care and treatment targeted at reduction of violence and assaults. By funding this request, the PICU is expected to increase patient safety.

**Fiscal Detail:**

| <u>Operating Expenditures</u>            | <u>FY 1</u>      | <u>FY 2</u>      | <u>Total</u>     |
|--|------------------|------------------|------------------|
| <b>Overall Funding</b>                   |                  |                  |                  |
| 001-1 General Fund - Basic Account-State | 2,030,000        | 1,893,000        | 3,923,000        |
| <b>Total Cost</b>                        | <b>2,030,000</b> | <b>1,893,000</b> | <b>3,923,000</b> |

Staffing

|             | <u>FY 1</u> | <u>FY 2</u> | <u>Annual Avg</u> |
|-------------|-------------|-------------|-------------------|
| Agency FTEs | 22.8        | 22.8        | 22.8              |

**Package Description:**

**Problem Statement**

Patient violence at WSH and ESH results in poor staff morale, staff retention problems, increased overtime costs due to injury related absenteeism Patient-to-staff assault claims contribute to the cost of the Department of Social and Health Services (DSHS) industrial insurance premiums through the Washington State Department of Labor and Industries.

If this request is not funded, recent efforts by DSHS to address the problem will be compromised and a key mitigation strategy for reducing patient violence will not be implemented. Other strategies have included staff training, use of personal protective equipment and specialized Psychiatric Emergency Response Teams to respond to patient behavioral problems.

**Proposed Solution**

The proposed PICU at Western State Hospital will be designed and operated to house and treat violent and assaultive patients in order to reduce incidents of violence and assaults. Funding for this unit will cover the operating and staffing costs associated with this intensive service package. This unit will be 1-2 beds serving the highest acuity patients in the state psychiatric hospitals.

Agency Contact: Martha Brenna (360) 902-8194  
 Program Contact: Victoria Roberts (360) 753-3715

**Narrative Justification and Impact Statement**

*What specific performance outcomes does the agency expect?*

***Performance Measure Detail***

**Agency Level**

**Activity: C063 Mental Health Facilities Services**  
 No measures linked to package

| Incremental Changes | <u>FY 1</u> | <u>FY 2</u> |
|---------------------|-------------|-------------|
|                     | 0.00        | 0.00        |

Department of Social and Health Services

**DP Code/Title: PL-R1 Psych. Intensive Care Unit (PICU)**

**Program Level - 030 BHSIA - Mental Health**

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Budget Period: 2015-17 Version: C1 030 2015-17 Final 2-YR LEG Budget

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*Is this decision package essential to implement a strategy identified in the agency's strategic plan?*

The budget request supports DSHS Goal 1: Health - Each individual and each community will be healthy.

The decision package is essential to implementing the BHSIA Strategic Objective 1.7: Decrease the rate of patient-to-staff assault claims filed at Eastern State Hospital and Western State Hospital and Decrease state psychiatric hospital seclusion and restraint rates.

Patient care and treatment will be more efficient by separating out high-risk, violence prone patients from the general hospital population. This will be accomplished by having more specialized environments of care and provisions of treatment for the patient populations.

Other desired and expected results are improved staff morale and retention at the state hospitals and improved labor relations.

*Does this decision package provide essential support to one or more of the Governor's Results Washington priorities?*

This decision package supports the Results Washington goals to:

Goal 4: Healthy and Safe Communities - Fostering the health of Washingtonians from a healthy start to a safe and supported future.

*What are the other important connections or impacts related to this proposal?*

This was a recommendation of the State Hospital Ad Hoc Safety Committee, comprised of representatives from all of the labor organizations and management at all three hospitals to identify long and short-term safety improvement initiatives.

*What alternatives were explored by the agency, and why was this alternative chosen?*

The request cannot be absorbed within existing resources for the following reason: redirecting funding from other patient care is not a viable option.

*What are the consequences of adopting or not adopting this package?*

The desired outcome is better patient care and treatment that is more efficient accomplished by having more specialized environments of care and provisions of treatment for the patient populations.

*What is the relationship, if any, to the state's capital budget?*

This request has no impact on the capital budget.

*What changes would be required to existing statutes, rules, or contracts, in order to implement the change?*

This request has no impact to existing statutes, rules or contracts.

*Expenditure and revenue calculations and assumptions*

See attachment: 030 BHSIA PICU.xlsb

*Which costs and functions are one-time? Which are ongoing? What are the budget impacts in future biennia?*

**Department of Social and Health Services**

**DP Code/Title: PL-R1 Psych. Intensive Care Unit (PICU)**

**Program Level - 030 BHSIA - Mental Health**

Budget Period: 2015-17    Version: C1 030 2015-17 Final 2-YR LEG Budget

These costs are ongoing and will carry forward into future biennia.

| <u>Object Detail</u>          | <u>FY 1</u>      | <u>FY 2</u>      | <u>Total</u>     |
|-------------------------------|------------------|------------------|------------------|
| <b>Overall Funding</b>        |                  |                  |                  |
| A Salaries And Wages          | 1,166,000        | 1,166,000        | 2,332,000        |
| B Employee Benefits           | 523,000          | 523,000          | 1,046,000        |
| E Goods\Other Services        | 163,000          | 163,000          | 326,000          |
| J Capital Outlays             | 137,000          | 0                | 137,000          |
| P Debt Service                | 7,000            | 7,000            | 14,000           |
| T Intra-Agency Reimbursements | 34,000           | 34,000           | 68,000           |
| <b>Total Objects</b>          | <b>2,030,000</b> | <b>1,893,000</b> | <b>3,923,000</b> |

**DSHS Source Code Detail**

| <u>Overall Funding</u>                                | <u>FY 1</u>      | <u>FY 2</u>      | <u>Total</u>     |
|---|------------------|------------------|------------------|
| <b>Fund 001-1, General Fund - Basic Account-State</b> |                  |                  |                  |
| <b><u>Sources Title</u></b>                           |                  |                  |                  |
| 0011 General Fund State                               | 2,030,000        | 1,893,000        | 3,923,000        |
| <i>Total for Fund 001-1</i>                           | <b>2,030,000</b> | <b>1,893,000</b> | <b>3,923,000</b> |
| <b>Total Overall Funding</b>                          | <b>2,030,000</b> | <b>1,893,000</b> | <b>3,923,000</b> |

**2015-17 Biennial Budget  
Psych. Intensive Care Unit (PICU)**

**Western State Hospital - Psychiatric Intensive Care Unit**

Estimated 12 Month Duration for Unit Utilization

Projected Ward Costs for A and B with Backfill

**12 Month PRN-PICU Ward Total**

| WARD PICU<br>Program Index | Program<br>Staffing Level | Staffing Level<br>w/Backfill | 12 Month Total     |                  |                    |                  |
|----------------------------|---------------------------|------------------------------|--------------------|------------------|--------------------|------------------|
|                            |                           |                              | Object A           | Object B         | Total              | Average FTE Cost |
| PSYCH SEC ATTEND           | 8.40                      | 11.38                        | \$472,461          | \$255,522        | \$727,983          | \$63,957         |
| REG NURSE 2                | 4.20                      | 5.69                         | \$445,348          | \$163,018        | \$608,366          | \$106,896        |
| SECURITY GUARD 2 (24/7)    | 4.20                      | 5.69                         | \$247,977          | \$104,332        | \$352,309          | \$61,904         |
| <b>Grand Total</b>         | <b>16.80</b>              | <b>22.76</b>                 | <b>\$1,165,786</b> | <b>\$522,872</b> | <b>\$1,688,659</b> |                  |

Fiscal Year Total      \$1,689,000  
 Bien Total              \$3,378,000

**Associated FTE Costs**

FY 16                      \$341,000  
 FY 17                      \$204,000  
  
 FY 16                      \$2,030,000  
 FY 17                      \$1,893,000  
 Bien Total                \$3,923,000

**Department of Social and Health Services**

**DP Code/Title: PL-R2 Psychiatric Emergency Response Team**  
**Program Level - 030 BHSIA - Mental Health**

Budget Period: 2015-17 Version: C1 030 2015-17 Final 2-YR LEG Budget

**Recommendation Summary Text:**

The Behavioral Health and Service Integration Administration (BHSIA) requests 23.0 FTEs in order to expand the Psychiatric Emergency Response Team (PERT), currently in action at the Center for Forensic Services (CFS) within Western State Hospital (WSH). By funding this request, BHSIA is expected to increase the safety of both staff and patients at the state hospitals, creating an additional team for day and evening shifts to support the civil wards of the hospital, and adding a single team for day and evening shifts at Eastern State Hospital (ESH).

**Fiscal Detail:**

| <u>Operating Expenditures</u>            | <u>FY 1</u>      | <u>FY 2</u>      | <u>Total</u>     |
|--|------------------|------------------|------------------|
| <b>Overall Funding</b>                   |                  |                  |                  |
| 001-1 General Fund - Basic Account-State | 1,903,000        | 1,765,000        | 3,668,000        |
| <b>Total Cost</b>                        | <b>1,903,000</b> | <b>1,765,000</b> | <b>3,668,000</b> |

**Staffing**

|                    | <u>FY 1</u> | <u>FY 2</u> | <u>Annual Avg</u> |
|--------------------|-------------|-------------|-------------------|
| <b>Agency FTEs</b> | <b>23.0</b> | <b>23.0</b> | <b>23.0</b>       |

**Package Description:**

**Problem Statement:**

The PERT team provides a mobile group of highly skilled staff who can be on any ward as needed to work with clients requiring additional support. This additional support to the client is focused on bringing a gentle resolution to potential crisis thus avoiding the need for physical intervention which maximizes safety for both clients and staff.

Currently, for wards outside of WSH CFS, de-escalation of patients is done by staff assigned to the general ward. As staff are drawn into crisis with one patient, their ability to serve the wider group is diminished. If a situation escalates to a level in which a patient needs to be physically contained to prevent harming herself or others, a call is sent out over the intercom for assistance from nearby wards. The highest number of staff injury reports in the state hospitals are related to the events of physical containment of patients. The highly skilled PERT team works to reduce the incidents requiring physical containment and when necessary takes over the physical aspects, thus ensuring that the individuals participating in the containment are those most practiced and skilled in the recommended techniques.

If this request is not funded, recent collaborative efforts by the Department of Social and Health Services (DSHS) and labor organizations to address the problem will be compromised and a key mitigation strategy for reducing patient violence, patient-to-staff assaults and industrial insurance claims and premiums will not be implemented.

**Proposed Solution:**

The PERT team is a first line responder team trained in crisis intervention, analysis of the antecedents for violence and aggression, and de-escalation techniques. When containment is necessary, this team facilitates seclusion and restraint and works with floor staff to re-integrate the patient back to the population with appropriate evidence-based debriefing. Since the roll out of the PERT team in March 2013, the Center for Forensic Services has shown a dramatic decrease in the hours of seclusion and restraint.

Agency Contact: Martha Brenna (360) 902-8194  
 Program Contact: Victoria Roberts (360) 725-3715

Department of Social and Health Services

DP Code/Title: **PL-R2 Psychiatric Emergency Response Team**

Program Level - **030 BHSIA - Mental Health**

Budget Period: 2015-17 Version: C1 030 2015-17 Final 2-YR LEG Budget

**Narrative Justification and Impact Statement**

*What specific performance outcomes does the agency expect?*

***Performance Measure Detail***

**Agency Level**

Activity: **C063 Mental Health Facilities Services**

No measures linked to package

**Incremental Changes**

**FY 1**

**FY 2**

0.00

0.00

*Is this decision package essential to implement a strategy identified in the agency's strategic plan?*

The budget request supports DSHS Goal 1: Health - Each individual and each community will be healthy.

The decision package is essential to implementing the BHSIA Strategic Objectives: 1.8: Decrease the quarterly rates of patient seclusion hours at Eastern State Hospital and Western State Hospital; and 1.9: Maintain the quarterly rates of restraint use at Eastern State Hospital and decrease the quarterly rates of restraint use at Western State Hospital.

This request directly supports the goal of decreased patient-to-staff assault claims filed at ESH and WSH. Desired and expected results are a reduction in the rate of patient-to-staff violence and assaults. This will reduce patient assault related industrial insurance claims and contribute to a reduction in DSHS industrial insurance premiums.

This request directly supports the goal of decreased rates of patient seclusion and restraint at both hospitals. The expansion of the PERT team serves our clients and staff by creating a mobile and accessible source of expert intervention to quickly and efficiently keep behavioral situations from escalating to the level that requires physical containment of patients. Through the utilization of these specialized services, violence at the state hospitals will be reduced resulting in fewer staff injuries and increased safety for our clients.

*Does this decision package provide essential support to one or more of the Governor's Results Washington priorities?*

This decision package supports the Results Washington goals to:

Goal 4: Healthy and Safe Communities - Fostering the health of Washingtonians from a healthy start to a safe and supported future.

Help keep people safe in their homes, on their jobs, and in their communities and:

--Decrease workplace injury rates.

*What are the other important connections or impacts related to this proposal?*

This was a recommendation of the State Hospital Ad Hoc Safety Committee, comprised of representatives from all of the labor organizations and management at all three hospitals to identify long and short-term safety improvement initiatives.

*What alternatives were explored by the agency, and why was this alternative chosen?*

The request cannot be absorbed within existing resources for the following reason: redirecting resources from other patient care is not a viable option.

*What are the consequences of adopting or not adopting this package?*

This request directly supports the goal of decreased patient-to-staff assault claims filed at ESH and WSH. Desired and expected results are a reduction in the rate of patient-to-staff violence and assaults. This will reduce patient assault related

**Department of Social and Health Services**

**DP Code/Title: PL-R2 Psychiatric Emergency Response Team**  
**Program Level - 030 BHSIA - Mental Health**

Budget Period: 2015-17 Version: C1 030 2015-17 Final 2-YR LEG Budget

industrial insurance claims and contribute to a reduction in DSHS industrial insurance premiums.

*What is the relationship, if any, to the state's capital budget?*

This request has no impact on the capital budget.

*What changes would be required to existing statutes, rules, or contracts, in order to implement the change?*

This request has no impact to existing statutes, rules or contracts.

*Expenditure and revenue calculations and assumptions*

See attachment: 030 BHSIA PERT.xlsb

*Which costs and functions are one-time? Which are ongoing? What are the budget impacts in future biennia?*

These costs are ongoing and will carry forward into future biennia.

| <u>Object Detail</u>          | <u>FY 1</u>      | <u>FY 2</u>      | <u>Total</u>     |
|-------------------------------|------------------|------------------|------------------|
| <b>Overall Funding</b>        |                  |                  |                  |
| A Salaries And Wages          | 1,061,000        | 1,061,000        | 2,122,000        |
| B Employee Benefits           | 499,000          | 499,000          | 998,000          |
| E Goods\Other Services        | 163,000          | 163,000          | 326,000          |
| J Capital Outlays             | 138,000          | 0                | 138,000          |
| P Debt Service                | 7,000            | 7,000            | 14,000           |
| T Intra-Agency Reimbursements | 35,000           | 35,000           | 70,000           |
| <b>Total Objects</b>          | <b>1,903,000</b> | <b>1,765,000</b> | <b>3,668,000</b> |

**DSHS Source Code Detail**

| <u>Overall Funding</u>                                | <u>FY 1</u>      | <u>FY 2</u>      | <u>Total</u>     |
|---|------------------|------------------|------------------|
| <b>Fund 001-1, General Fund - Basic Account-State</b> |                  |                  |                  |
| <b><u>Sources Title</u></b>                           |                  |                  |                  |
| 0011 General Fund State                               | 1,903,000        | 1,765,000        | 3,668,000        |
| <i>Total for Fund 001-1</i>                           | <b>1,903,000</b> | <b>1,765,000</b> | <b>3,668,000</b> |
| <b>Total Overall Funding</b>                          | <b>1,903,000</b> | <b>1,765,000</b> | <b>3,668,000</b> |

**2015-17 Biennial Budget  
Psychiatric Emergency Response Team**

**Psychiatric Emergency Response Team (PERT)**

**Western State Hospital**

|   | FTE | Dollars      |              |
|---|-----|--------------|--------------|
|   |     | FY 2016      | FY 2017      |
| <b>PERT Team</b>                                |     |              |              |
| Mental Health Technician 2 - Central/South Hall | 12  | \$ 697,176   | \$ 697,176   |
| Registered Nurse 2                              | 2   | \$ 203,000   | \$ 203,000   |
| PERT Team Annual Cost                           | 14  | \$ 900,000   | \$ 900,000   |
| Associated Staff Costs                          |     | \$ 208,000   | \$ 124,000   |
| <b>TOTAL</b>                                    |     | \$ 1,108,000 | \$ 1,024,000 |

**Eastern State Hospital**

|  | FTE | Dollars      |              |
|--|-----|--------------|--------------|
|  |     | FY 2016      | FY 2017      |
| <b>PERT Team</b>                           |     |              |              |
| Psychiatric Security Attendant - PERT Team | 6   | \$ 362,000   | \$ 362,000   |
| Register Nurse 2 - PERT Team               | 2   | \$ 203,000   | \$ 203,000   |
| Therapy Services Supervisor                | 1   | \$ 94,656    | \$ 94,656    |
| PERT Team Annual Cost                      | 9   | \$ 660,000   | \$ 660,000   |
| Associated Staff Costs                     |     | \$ 135,000   | \$ 81,000    |
| <b>TOTAL</b>                               |     | \$ 795,000   | \$ 741,000   |
| <b>GRAND TOTAL:</b>                        |     | \$ 1,903,000 | \$ 1,765,000 |

**Department of Social and Health Services**

**DP Code/Title: PL-R6 Criminal Incompetency**  
**Program Level - 030 BHSIA - Mental Health**

Budget Period: 2015-17 Version: C1 030 2015-17 Final 2-YR LEG Budget

**Recommendation Summary Text:**

The Behavioral Health and Service Integration Administration (BHSIA) requests to restore the reduction option which would otherwise reduce the funding for program administration and oversight of HB 1114 addressing violent, legally incompetent, and mentally ill individuals released to the community where they could potentially commit further acts of violence due to the offender's mental condition and/or developmental disability. By not implementing this reduction the current client impact of less than 20 will not occur; if the program were fully implemented, 501 individuals would be impacted.

**Fiscal Detail:**

| <u>Operating Expenditures</u>                       | <u>FY 1</u>    | <u>FY 2</u>    | <u>Total</u>   |
|---|----------------|----------------|----------------|
| <b>Overall Funding</b>                              |                |                |                |
| 001-1 General Fund - Basic Account-State            | 275,000        | 275,000        | 550,000        |
| 001-C General Fund - Basic Account-Medicaid Federal | 186,000        | 186,000        | 372,000        |
| <b>Total Cost</b>                                   | <b>461,000</b> | <b>461,000</b> | <b>922,000</b> |

Staffing

**Package Description:**

Please see PL-E8 Criminal Incompetency.

**Narrative Justification and Impact Statement**

*What specific performance outcomes does the agency expect?*

*Performance Measure Detail*

**Agency Level**

**Activity: C069 Other Community Mental Health Services**

No measures linked to package

| <u>Incremental Changes</u> |             |
|----------------------------|-------------|
| <u>FY 1</u>                | <u>FY 2</u> |
| 0.00                       | 0.00        |

*Is this decision package essential to implement a strategy identified in the agency's strategic plan?*

*Does this decision package provide essential support to one or more of the Governor's Results Washington priorities?*

*What are the other important connections or impacts related to this proposal?*

*What alternatives were explored by the agency, and why was this alternative chosen?*

*What are the consequences of adopting or not adopting this package?*

*What is the relationship, if any, to the state's capital budget?*

**Department of Social and Health Services**

**DP Code/Title: PL-R6 Criminal Incompetency**

**Program Level - 030 BHSIA - Mental Health**

Budget Period: 2015-17 Version: C1 030 2015-17 Final 2-YR LEG Budget

*What changes would be required to existing statutes, rules, or contracts, in order to implement the change?*

*Expenditure and revenue calculations and assumptions*

*Which costs and functions are one-time? Which are ongoing? What are the budget impacts in future biennia?*

| <u>Object Detail</u>                 | <u>FY 1</u> | <u>FY 2</u> | <u>Total</u> |
|--------------------------------------|-------------|-------------|--------------|
| <b>Overall Funding</b>               |             |             |              |
| N Grants, Benefits & Client Services | 461,000     | 461,000     | 922,000      |

**DSHS Source Code Detail**

| <u>Overall Funding</u>   | <u>FY 1</u>    | <u>FY 2</u>    | <u>Total</u>   |
|--|----------------|----------------|----------------|
| <b>Fund 001-1, General Fund - Basic Account-State</b>            |                |                |                |
| <u>Sources Title</u>   |                |                |                |
| 0011 General Fund State  | 275,000        | 275,000        | 550,000        |
| <i>Total for Fund 001-1</i>                                      | <u>275,000</u> | <u>275,000</u> | <u>550,000</u> |
| <b>Fund 001-C, General Fund - Basic Account-Medicaid Federal</b> |                |                |                |
| <u>Sources Title</u>   |                |                |                |
| 19TA Title XIX Assistance (FMAP)                                 | 186,000        | 186,000        | 372,000        |
| <i>Total for Fund 001-C</i>                                      | <u>186,000</u> | <u>186,000</u> | <u>372,000</u> |
| <b>Total Overall Funding</b>                                     | <u>461,000</u> | <u>461,000</u> | <u>922,000</u> |

**Department of Social and Health Services**

**DP Code/Title: PL-R8 Offender Reentry Community Safety  
 Program Level - 030 BHSIA - Mental Health**

Budget Period: 2015-17 Version: C1 030 2015-17 Final 2-YR LEG Budget

**Recommendation Summary Text:**

The Behavioral Health and Service Integration Administration (BHSIA) requests to restore the reduction option which would otherwise eliminate the Offender Reentry Community Safety Program (ORCSP). Mental health services for ORCSP offenders will be eliminated. By not implementing this reduction, BHSIA expects to serve 245 offenders annually. These offenders have significant mental health issues, are considered dangerous, and will be released from prison without enhanced planning, immediate treatment, and little housing support which will likely lead to increased public safety risk and recidivism.

**Fiscal Detail:**

| <u>Operating Expenditures</u>            | <u>FY 1</u>      | <u>FY 2</u>      | <u>Total</u>     |
|--|------------------|------------------|------------------|
| <b>Overall Funding</b>                   |                  |                  |                  |
| 001-1 General Fund - Basic Account-State | 1,810,000        | 1,810,000        | 3,620,000        |
| <b>Total Cost</b>                        | <b>1,810,000</b> | <b>1,810,000</b> | <b>3,620,000</b> |

Staffing

**Package Description:**

Please see PL-E6 Offender Reentry Community Safety.

**Narrative Justification and Impact Statement**

*What specific performance outcomes does the agency expect?*

Please see the description above.

*Performance Measure Detail*

**Agency Level**

**Activity: C072 Mental Health Services - Dangerously Mentally Ill  
 Offender Program (DMIO)**

No measures linked to package

| Incremental Changes            |
|--------------------------------|
| <u>FY 1</u> <u>FY 2</u>        |
| 0.00                      0.00 |

*Is this decision package essential to implement a strategy identified in the agency's strategic plan?*

*Does this decision package provide essential support to one or more of the Governor's Results Washington priorities?*

*What are the other important connections or impacts related to this proposal?*

*What alternatives were explored by the agency, and why was this alternative chosen?*

*What are the consequences of adopting or not adopting this package?*

*What is the relationship, if any, to the state's capital budget?*

Department of Social and Health Services

**DP Code/Title: PL-R8 Offender Reentry Community Safety**  
**Program Level - 030 BHSIA - Mental Health**

Budget Period: 2015-17 Version: C1 030 2015-17 Final 2-YR LEG Budget

*What changes would be required to existing statutes, rules, or contracts, in order to implement the change?*

*Expenditure and revenue calculations and assumptions*

*Which costs and functions are one-time? Which are ongoing? What are the budget impacts in future biennia?*

| <u>Object Detail</u>                 | <u>FY 1</u> | <u>FY 2</u> | <u>Total</u> |
|--------------------------------------|-------------|-------------|--------------|
| <b>Overall Funding</b>               |             |             |              |
| N Grants, Benefits & Client Services | 1,810,000   | 1,810,000   | 3,620,000    |

**DSHS Source Code Detail**

| <u>Overall Funding</u>                         | <u>FY 1</u>      | <u>FY 2</u>      | <u>Total</u>     |
|--|------------------|------------------|------------------|
| Fund 001-1, General Fund - Basic Account-State |                  |                  |                  |
| <u>Sources</u> <u>Title</u>                    |                  |                  |                  |
| 0011    General Fund State                     | 1,810,000        | 1,810,000        | 3,620,000        |
| <i>Total for Fund 001-1</i>                    | <u>1,810,000</u> | <u>1,810,000</u> | <u>3,620,000</u> |
| <b>Total Overall Funding</b>                   | <b>1,810,000</b> | <b>1,810,000</b> | <b>3,620,000</b> |

**Department of Social and Health Services**

**DP Code/Title: PL-RA PALS**  
**Program Level - 030 BHSIA - Mental Health**

Budget Period: 2015-17 Version: C1 030 2015-17 Final 2-YR LEG Budget

**Recommendation Summary Text:**

The Behavioral Health and Service Integration Administration (BHSIA) requests to restore the reduction option which would otherwise eliminate the Program for Adaptive Living Skills (PALS) funding to Western Regional Support Networks (RSN). These funds are primarily used to support housing for seriously and persistently mentally ill consumers who are not eligible for other funding to secure safe housing. By not implementing this reduction, BHSIA does not expect to see increases in the number of individuals with complex mental health issues experiencing homelessness, needing crisis services, and hospitalizations.

**Fiscal Detail:**

| <u>Operating Expenditures</u>            | <u>FY 1</u>      | <u>FY 2</u>      | <u>Total</u>      |
|--|------------------|------------------|-------------------|
| <b>Overall Funding</b>                   |                  |                  |                   |
| 001-1 General Fund - Basic Account-State | 5,200,000        | 5,200,000        | 10,400,000        |
| <b>Total Cost</b>                        | <b>5,200,000</b> | <b>5,200,000</b> | <b>10,400,000</b> |

Staffing

**Package Description:**

Please see PL-E4 PALS.

**Narrative Justification and Impact Statement**

*What specific performance outcomes does the agency expect?*

*Performance Measure Detail*

**Agency Level**

**Activity: C069 Other Community Mental Health Services**

No measures linked to package

| Incremental Changes     |
|-------------------------|
| <u>FY 1</u> <u>FY 2</u> |
| 0.00      0.00          |

*Is this decision package essential to implement a strategy identified in the agency's strategic plan?*

*Does this decision package provide essential support to one or more of the Governor's Results Washington priorities?*

*What are the other important connections or impacts related to this proposal?*

*What alternatives were explored by the agency, and why was this alternative chosen?*

*What are the consequences of adopting or not adopting this package?*

*What is the relationship, if any, to the state's capital budget?*

*What changes would be required to existing statutes, rules, or contracts, in order to implement the change?*

State of Washington  
**Decision Package**  
 Department of Social and Health Services

**DP Code/Title: PL-RA PALS**  
**Program Level - 030 BHSIA - Mental Health**

Budget Period: 2015-17 Version: C1 030 2015-17 Final 2-YR LEG Budget

*Expenditure and revenue calculations and assumptions*

*Which costs and functions are one-time? Which are ongoing? What are the budget impacts in future biennia?*

| <u>Object Detail</u>                 | <u>FY 1</u> | <u>FY 2</u> | <u>Total</u> |
|--------------------------------------|-------------|-------------|--------------|
| <b>Overall Funding</b>               |             |             |              |
| N Grants, Benefits & Client Services | 5,200,000   | 5,200,000   | 10,400,000   |

**DSHS Source Code Detail**

| <u>Overall Funding</u>                         | <u>FY 1</u>      | <u>FY 2</u>      | <u>Total</u>      |
|--|------------------|------------------|-------------------|
| Fund 001-1, General Fund - Basic Account-State |                  |                  |                   |
| <u>Sources</u> <u>Title</u>                    |                  |                  |                   |
| 0011    General Fund State                     | 5,200,000        | 5,200,000        | 10,400,000        |
| <i>Total for Fund 001-1</i>                    | <u>5,200,000</u> | <u>5,200,000</u> | <u>10,400,000</u> |
| <b>Total Overall Funding</b>                   | <b>5,200,000</b> | <b>5,200,000</b> | <b>10,400,000</b> |

**Department of Social and Health Services**

**DP Code/Title: PL-RF JLARC Recommendations**

**Program Level - 030 BHSIA - Mental Health**

Budget Period: 2015-17 Version: C1 030 2015-17 Final 2-YR LEG Budget

**Recommendation Summary Text:**

The Behavioral Health and Service Integration Administration (BHSIA) requests 2.0 FTEs in order to comply with recommendations 1 and 4 made by the Joint Legislative Audit and Review Committee (JLARC) 2014 report for improving the state hospitals' ability to keep up with demand for competency evaluations. By funding this request, the state hospitals are expected to meet statutory targets, reduce waiting lists, and avoid contempt of court by developing adequate data, a service delivery approach and staffing model to address the demand for competency evaluations.

**Fiscal Detail:**

| <u>Operating Expenditures</u>                       | <u>FY 1</u>    | <u>FY 2</u>    | <u>Total</u>   |
|---|----------------|----------------|----------------|
| <b>Overall Funding</b>                              |                |                |                |
| 001-1 General Fund - Basic Account-State            | 239,000        | 228,000        | 467,000        |
| 001-C General Fund - Basic Account-Medicaid Federal | 18,000         | 17,000         | 35,000         |
| <b>Total Cost</b>                                   | <b>257,000</b> | <b>245,000</b> | <b>502,000</b> |

Staffing

|                    | <u>FY 1</u> | <u>FY 2</u> | <u>Annual Avg</u> |
|--------------------|-------------|-------------|-------------------|
| <b>Agency FTEs</b> | <b>2.0</b>  | <b>2.0</b>  | <b>2.0</b>        |

**Package Description:**

**Problem Statement:**

Eastern and Western State Hospitals' forensic departments are not meeting legislated targets for completing competency evaluations which is considered contempt of court. The 2014 JLARC Report recommends the following: improve performance reporting; develop and implement a service delivery approach and staffing model to meet targets; address non-compliance with statutory requirements; improve collaboration between key system partners; and establish ongoing training.

**Proposed Solution:**

2.0 FTEs are requested to address the problem areas identified by JLARC.

JLARC Recommendation 1: Improve performance reporting. One Headquarters' FTE is requested to focus on collecting and analyzing data from all three state hospitals to ensure consistency between all three state hospitals data collection and analysis. This position will be accountable for the consistency and accuracy of all data for legislative reports, legislative requests, and will help with creating uniform databases specific to required forensic data collection.

JLARC Recommendation 4 and JLARC Recommendation 5: Improve collaboration between key system partners; establish ongoing training. One FTE is requested who will be charged with the tasks of both recommendations 4 and 5. This position will be in charge of the three state hospitals external relations and internal and external training specific to forensics.

Agency Contact: Martha Brenna (360) 902-8194  
 Program Contact: Paul Bigelow (360) 725-2055

**Narrative Justification and Impact Statement**

*What specific performance outcomes does the agency expect?*

Department of Social and Health Services

**DP Code/Title: PL-RF JLARC Recommendations**

**Program Level - 030 BHSIA - Mental Health**

Budget Period: 2015-17 Version: C1 030 2015-17 Final 2-YR LEG Budget

*Performance Measure Detail*

**Agency Level**

**Activity: C063 Mental Health Facilities Services**

No measures linked to package

**Incremental Changes**

**FY 1**

**FY 2**

0.00

0.00

*Is this decision package essential to implement a strategy identified in the agency's strategic plan?*

The budget request supports DSHS Goal 1: Health - Each individual and each community will be healthy.

The decision package is essential to implementing the BHSIA Strategic Objective 2.1 - Safety: Decrease the number of adults waiting in jail more than seven days for inpatient competency evaluations at Eastern State Hospital and Western State Hospital.

This proposal will improve the efficiency and effectiveness of the competency evaluation process that involves the state psychiatric hospitals, courts, and law enforcement.

*Does this decision package provide essential support to one or more of the Governor's Results Washington priorities?*

This decision package supports the Results Washington goals to:

Goal 4: Healthy and Safe Communities - Fostering the health of Washingtonians from a healthy start to a safe and supported future.

*What are the other important connections or impacts related to this proposal?*

County Law Enforcement/Jails, County Courts, State Hospital Forensic Programs and State Hospital Unions will support this request.

*What alternatives were explored by the agency, and why was this alternative chosen?*

The request cannot be absorbed within existing resources for the following reason: there are many competing demands for BHSIA services and funding is not adequate for all of them.

*What are the consequences of adopting or not adopting this package?*

The three state hospitals external relations and internal and external training specific to forensics will improve as will accountability with regard to the consistency and accuracy of all data .

*What is the relationship, if any, to the state's capital budget?*

This request has no impact on the capital budget.

*What changes would be required to existing statutes, rules, or contracts, in order to implement the change?*

This request has no impact to existing statutes, rules or contracts

*Expenditure and revenue calculations and assumptions*

Calculations assume two WMS Band 2 FTEs at \$78,000 with associated benefits.

*Which costs and functions are one-time? Which are ongoing? What are the budget impacts in future biennia?*

**Department of Social and Health Services**

**DP Code/Title: PL-RF JLARC Recommendations**

**Program Level - 030 BHSIA - Mental Health**

Budget Period: 2015-17    Version: C1 030 2015-17 Final 2-YR LEG Budget

Costs for equipment in Fiscal Year 2016 are one-time costs. All remaining costs will carry forward into future biennia.

| <u>Object Detail</u>          | <u>FY 1</u>    | <u>FY 2</u>    | <u>Total</u>   |
|-------------------------------|----------------|----------------|----------------|
| <b>Overall Funding</b>        |                |                |                |
| A Salaries And Wages          | 157,000        | 157,000        | 314,000        |
| B Employee Benefits           | 50,000         | 50,000         | 100,000        |
| E Goods\Other Services        | 28,000         | 28,000         | 56,000         |
| G Travel                      | 7,000          | 7,000          | 14,000         |
| J Capital Outlays             | 12,000         | 0              | 12,000         |
| T Intra-Agency Reimbursements | 3,000          | 3,000          | 6,000          |
| <b>Total Objects</b>          | <b>257,000</b> | <b>245,000</b> | <b>502,000</b> |

**DSHS Source Code Detail**

| <b>Overall Funding</b>   | <u>FY 1</u>    | <u>FY 2</u>    | <u>Total</u>   |
|--|----------------|----------------|----------------|
| <b>Fund 001-1, General Fund - Basic Account-State</b>            |                |                |                |
| <b><u>Sources Title</u></b>                                      |                |                |                |
| 0011 General Fund State  | 239,000        | 228,000        | 467,000        |
| <i>Total for Fund 001-1</i>                                      | <b>239,000</b> | <b>228,000</b> | <b>467,000</b> |
| <b>Fund 001-C, General Fund - Basic Account-Medicaid Federal</b> |                |                |                |
| <b><u>Sources Title</u></b>                                      |                |                |                |
| 19TA Title XIX Assistance (FMAP)                                 | 18,000         | 17,000         | 35,000         |
| <i>Total for Fund 001-C</i>                                      | <b>18,000</b>  | <b>17,000</b>  | <b>35,000</b>  |
| <b>Total Overall Funding</b>                                     | <b>257,000</b> | <b>245,000</b> | <b>502,000</b> |

Department of Social and Health Services

**DP Code/Title: PL-RG Hospital Staffing Levels**  
**Program Level - 030 BHSIA - Mental Health**

Budget Period: 2015-17 Version: C1 030 2015-17 Final 2-YR LEG Budget

**Recommendation Summary Text:**

The Behavioral Health and Service Integration Administration (BHSIA) requests funding for staffing at Eastern and Western State Hospitals in order to adequately staff the hospitals at a level and configuration that promotes safety for patients while reducing the need for overtime. By funding this request, BHSIA is expected to efficiently operate the State Hospitals.

**Fiscal Detail:**

| <u>Operating Expenditures</u> | <u>FY 1</u>         | <u>FY 2</u> | <u>Total</u> |
|-------------------------------|---------------------|-------------|--------------|
| <b>Overall Funding</b>        |                     |             |              |
|                               | <i>Program Cost</i> |             |              |
|                               | <b>Total Cost</b>   |             |              |

**Staffing**

**Package Description:**

**Problem Statement:**

The hospitals are currently funded based on historical spending levels. The use of overtime has been required to ensure that there was an adequate number of staff available to operate the wards. Use of overtime is an inefficient and expensive means of operating the hospitals. BHSIA is working with our labor partners to reduce unscheduled leave and increase patient safety on the wards. In order to have independent verification of the best possible staffing configuration, BHSIA has contracted with a nationally recognized firm to assist the hospitals in determining how to best deploy our current staffing resources. Additional information to support this section will be available from NASH Consulting Inc.

**Proposed Solution:**

Funding will be utilized to implement the staffing pattern recommendations from NASH Consulting Inc.

Agency Contact: Martha Brenna (360) 902-8194

Program Contact: Victoria Roberts (360) 725-3715

**Narrative Justification and Impact Statement**

*What specific performance outcomes does the agency expect?*

***Performance Measure Detail***

**Agency Level**

**Activity: C063 Mental Health Facilities Services**

No measures linked to package

**Incremental Changes**

| <u>FY 1</u> | <u>FY 2</u> |
|-------------|-------------|
| 0.00        | 0.00        |

*Is this decision package essential to implement a strategy identified in the agency's strategic plan?*

The budget request supports DSHS Goal 5: Public Trust - Strong management practices will be used to ensure quality and efficiency.

Department of Social and Health Services

**DP Code/Title: PL-RG Hospital Staffing Levels**

**Program Level - 030 BHSIA - Mental Health**

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Budget Period: 2015-17 Version: C1 030 2015-17 Final 2-YR LEG Budget

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The decision package is essential to implementing the BHSIA Strategic Objectives 1.11, 1.7, 1.8 and 1.9: Increasing active treatment at Eastern and Western State Hospitals while reducing seclusion and the use of restraint.

Adequate staffing is critical to managing the hospital within its appropriated budget. Sufficient staffing will reduce the likelihood of continued over expenditures in the form of overtime. Adequate staffing will also result in increased revenues due to sufficient resources to provide documentable treatment hours and may shorten the length of patient stays in the hospitals.

*Does this decision package provide essential support to one or more of the Governor's Results Washington priorities?*

This decision package supports the Results Washington goals to:

Goal 5: Effective, Efficient and Accountable Government - Fostering a Lean culture that drives accountability and results for the people of Washington.

*What are the other important connections or impacts related to this proposal?*

This proposal will have the support of WFSE, SEIU 1199 and the Coalition.

*What alternatives were explored by the agency, and why was this alternative chosen?*

The request cannot be absorbed within existing resources for the following reason: funding is not available within current resources.

The department has evaluated the following alternative: take no action. This alternative was chosen because it is a responsible approach to good government.

*What are the consequences of adopting or not adopting this package?*

Adequate staffing is critical to managing the hospital within its appropriated budget. Sufficient staffing will reduce the likelihood of continued over expenditures in the form of overtime. Adequate staffing will also result in increased revenues due to sufficient resources to provide documentable treatment hours and may shorten the length of patient stays in the hospitals.

*What is the relationship, if any, to the state's capital budget?*

This request has no impact on the capital budget.

*What changes would be required to existing statutes, rules, or contracts, in order to implement the change?*

This request has no impact to existing statutes, rules or contracts.

*Expenditure and revenue calculations and assumptions*

This request will reflect the results of the NASH Consulting study. It is expected that the request will be finalized once the study results are completed and analyzed.

*Which costs and functions are one-time? Which are ongoing? What are the budget impacts in future biennia?*

These costs are ongoing and will carry forward into future biennia.

State of Washington  
Decision Package  
Department of Social and Health Services

PLACEHOLDER

**DP Code/Title: PL-RG Hospital Staffing Levels**

**Program Level - 030 BHSIA - Mental Health**

Budget Period: 2015-17 Version: C1 030 2015-17 Final 2-YR LEG Budget

**Object Detail**

**FY 1**

**FY 2**

**Total**

**Overall Funding**

**Program Totals**

**DSHS Source Code Detail**

**Overall Funding**

**FY 1**

**FY 2**

**Total**

**Fund ,**

**Sources Title**

***Total for Fund***

**Total Overall Funding**

**Totals for all funds**



# **Special Reports**

## **Activity Inventory Report**

***DSHS Budget Division***

## **300 - Dept of Social and Health Services**

### **C017 Community Mental Health Prepaid Health Services**

Community Mental Health Prepaid Health Services provide financial support and program direction for community mental health programs delivered by Regional Support Networks. Programs include mental health services for outpatient, inpatient, acute care, emergency, day treatment, consultation and education, employment services, and Medicaid transportation. Community support services include screening of voluntary referrals to state hospitals; discharge planning with the hospitals; crisis response; case management for chronic clients in the community; and residential programs that supervise, support, treat, and rehabilitate adults and children.

***Program 030 - Mental Health***

| <b>Account</b>           | <b>FY 2016</b>       | <b>FY 2017</b>       | <b>Biennial Total</b>  |
|--------------------------|----------------------|----------------------|------------------------|
| <b>FTE</b>               |                      |                      |                        |
| 996-Z Other              | 17.0                 | 17.0                 | 17.0                   |
| <b>001 General Fund</b>  |                      |                      |                        |
| 001-1 State              | \$223,079,000        | \$230,832,000        | \$453,911,000          |
| 001-2 Federal            | \$4,085,000          | \$4,191,000          | \$8,276,000            |
| 001-7 Private/Local      | \$8,932,000          | \$8,932,000          | \$17,864,000           |
| 001-C Medicaid Federal   | \$269,988,000        | \$277,093,000        | \$547,081,000          |
| <b>001 Account Total</b> | <b>\$506,084,000</b> | <b>\$521,048,000</b> | <b>\$1,027,132,000</b> |

**Statewide Result Area: Healthy and Safe Communities**

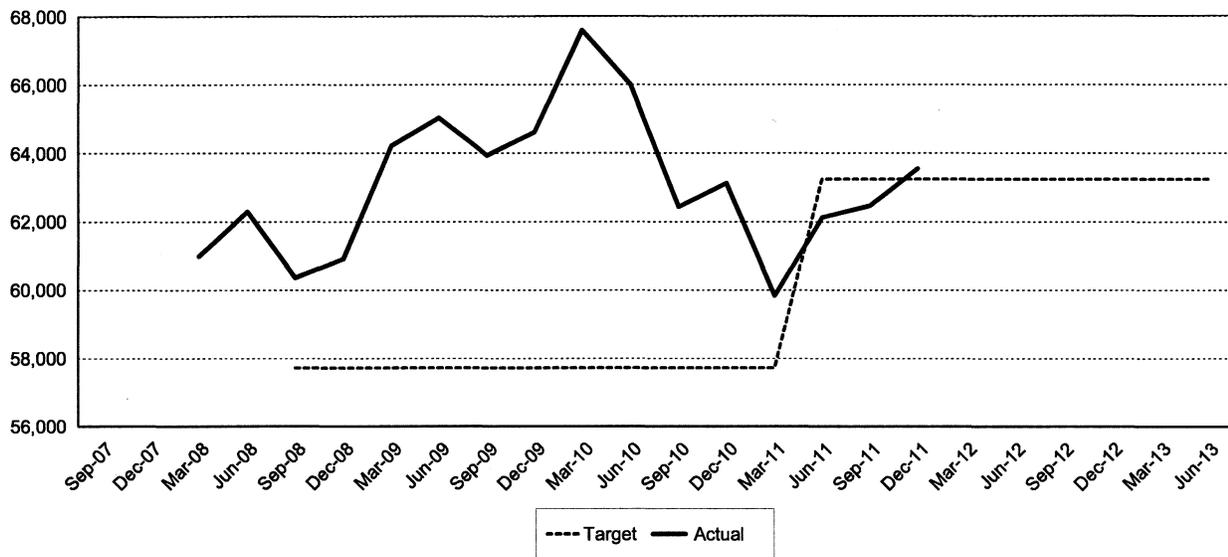
**Statewide Strategy: Provide access to health care**

**Expected Results**

Provide and ensure quality and cost-effective mental health services that support the health and well-being of individuals, families and communities in Washington State.

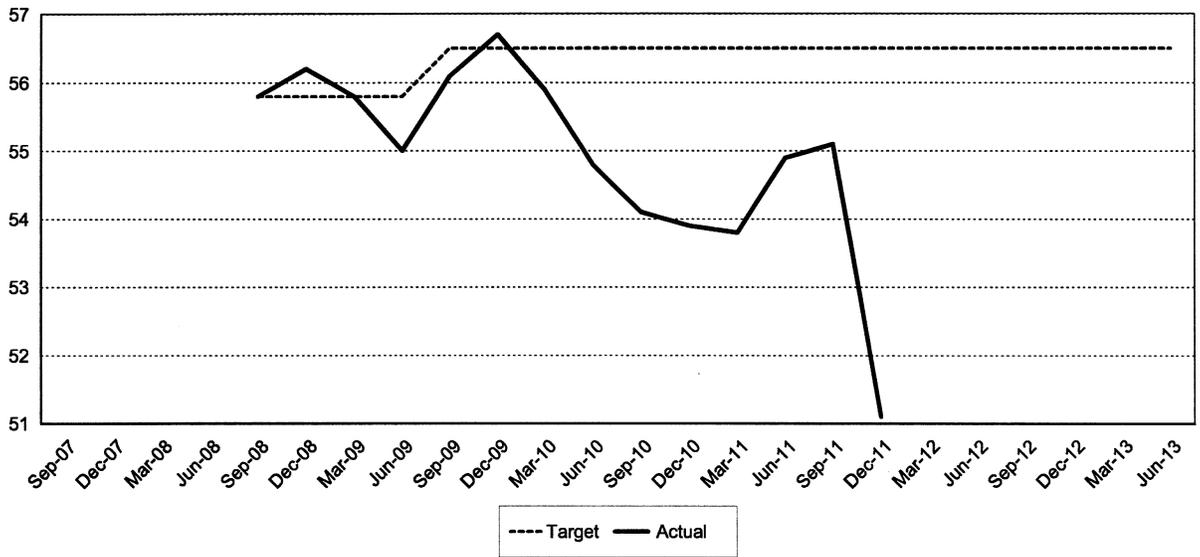
| <b>001093 The number of Medicaid individuals who receive outpatient services from the Regional Support Networks.</b> |               |               |               |
|--|---------------|---------------|---------------|
| <b>Biennium</b>  | <b>Period</b> | <b>Actual</b> | <b>Target</b> |
| 2011-13  | Q8            |               | 63,239        |
|  | Q7            |               | 63,239        |
|  | Q6            |               | 63,239        |
|  | Q5            |               | 63,239        |
|  | Q4            |               | 63,239        |
|  | Q3            |               | 63,239        |
|  | Q2            | 63,551        | 63,239        |
|  | Q1            | 62,474        | 63,242        |
| Performance Measure Status: Draft  |               |               |               |

**Number 001093 - Community - Prepaid Health Services**



| 001095 The percentage of consumers who are seen in the Mental Health system within seven days following discharge from inpatient services. |        |        |        |  |
|--|--------|--------|--------|--|
| Biennium   | Period | Actual | Target |  |
| 2011-13  | Q8     |        | 56.5%  |  |
|  | Q7     |        | 56.5%  |  |
|  | Q6     |        | 56.5%  |  |
|  | Q5     |        | 56.5%  |  |
|  | Q4     |        | 56.5%  |  |
|  | Q3     |        | 56.5%  |  |
|  | Q2     | 51.1%  | 56.5%  |  |
|  | Q1     | 55.1%  | 56.5%  |  |
| Performance Measure Status: Draft  |        |        |        |  |

Percent 001095 - Community - Prepaid Health Services



**ACT001 - Agency Activity Inventory by Agency**

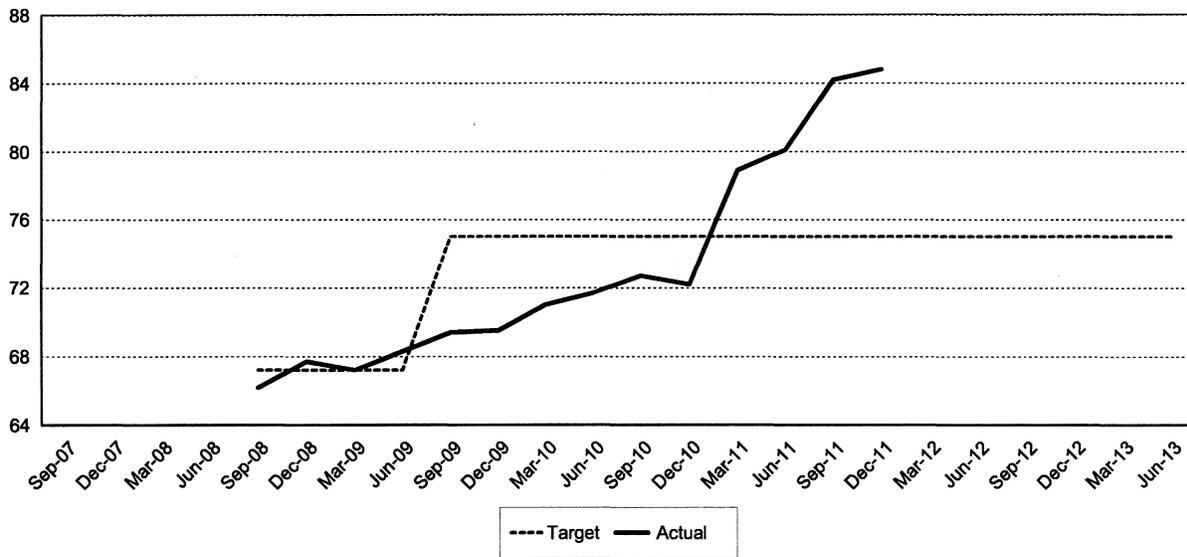
**Dept of Social and Health Services**

BDS Activity - Version 11 - 030

Appropriation Period: 2015-17 Activity Version: 11 - 2015-17 2-YR Agency Req Program:030 Sort By: Activity

| <b>001097 The percentage of consumers who receive an intake within 14 days of request.</b> |               |               |               |
|--|---------------|---------------|---------------|
| <b>Biennium</b>  | <b>Period</b> | <b>Actual</b> | <b>Target</b> |
| 2011-13  | Q8            |               | 75%           |
|  | Q7            |               | 75%           |
|  | Q6            |               | 75%           |
|  | Q5            |               | 75%           |
|  | Q4            |               | 75%           |
|  | Q3            |               | 75%           |
|  | Q2            | 84.8%         | 75%           |
|  | Q1            | 84.2%         | 75%           |
| Performance Measure Status: Draft  |               |               |               |

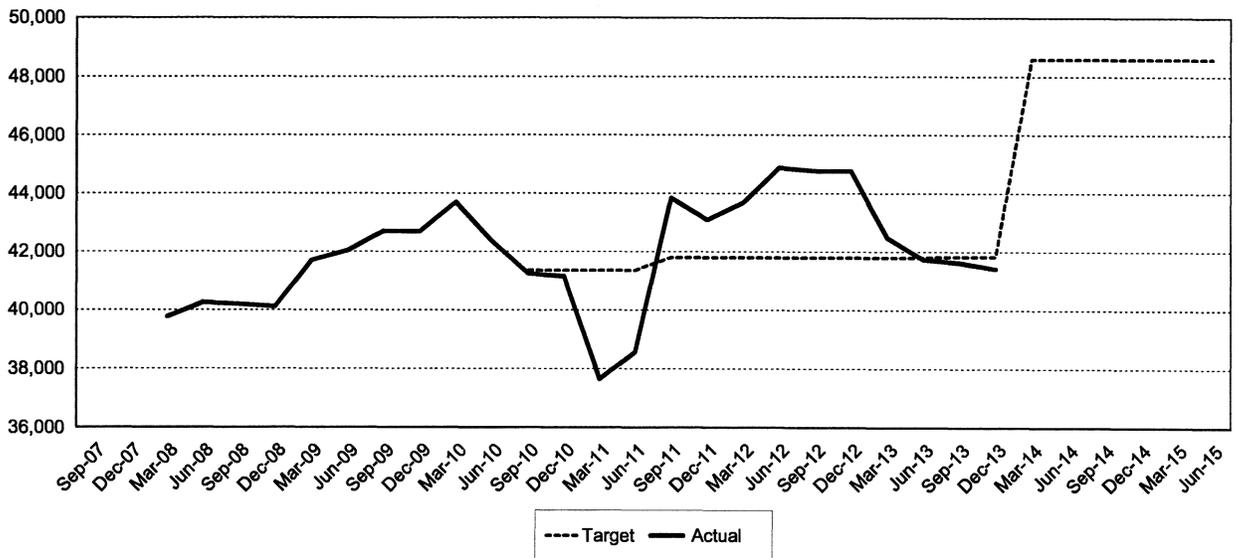
**Percent 001097 - Community - Prepaid Health Services**



| <b>002214 The number of Medicaid adults who receive outpatient services from Regional Support Networks.</b> |               |               |               |
|---|---------------|---------------|---------------|
| <b>Biennium</b>   | <b>Period</b> | <b>Actual</b> | <b>Target</b> |
| 2013-15   | Q8            |               | 48,582        |
|   | Q7            |               | 48,582        |
|   | Q6            |               | 48,582        |
|   | Q5            |               | 48,582        |
|   | Q4            |               | 48,582        |
|   | Q3            |               | 48,582        |
|   | Q2            | 41,417        | 41,826        |
|   | Q1            | 41,623        | 41,826        |
| 2011-13   | Q8            | 41,726        | 41,789        |
|   | Q7            | 42,469        | 41,789        |
|   | Q6            | 44,761        | 41,789        |
|   | Q5            | 44,770        | 41,789        |
|   | Q4            | 44,874        | 41,789        |
|   | Q3            | 43,661        | 41,789        |
|   | Q2            | 43,081        | 41,789        |
|   | Q1            | 43,828        | 41,789        |
| Performance Measure Status: Draft   |               |               |               |

Number

002214 - Number of Medicaid Adults - outpatient

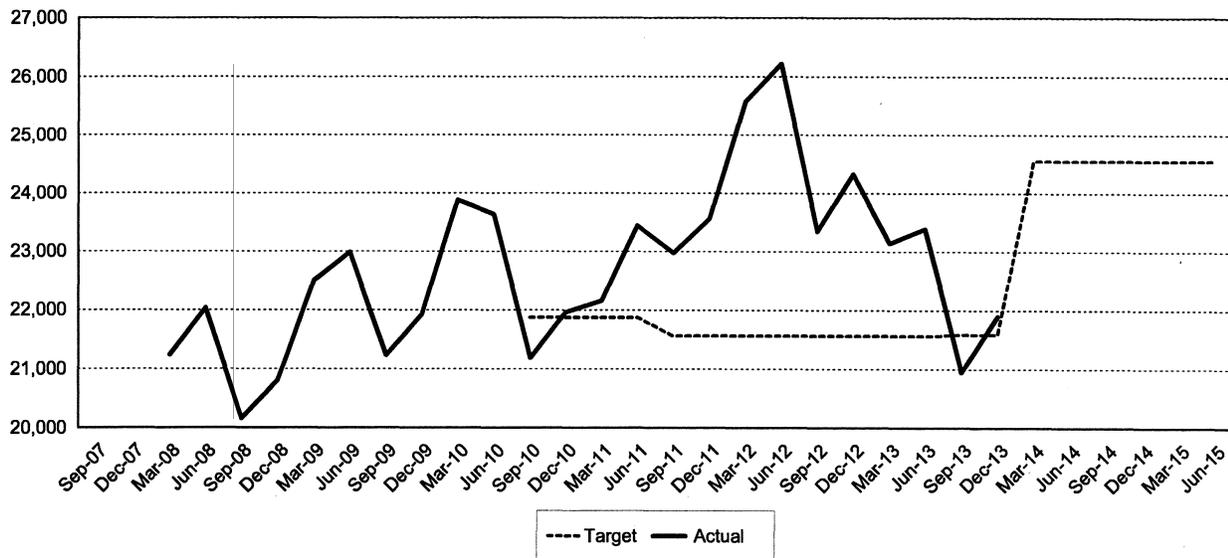


Appropriation Period: 2015-17 Activity Version: 11 - 2015-17 2-YR Agency Req Program:030 Sort By: Activity

| 002217 The number of Medicaid children who receive outpatient services from a Regional Support Network. |        |        |        |
|---|--------|--------|--------|
| Biennium  | Period | Actual | Target |
| 2013-15   | Q8     |        | 24,544 |
|   | Q7     |        | 24,544 |
|   | Q6     |        | 24,544 |
|   | Q5     |        | 24,544 |
|   | Q4     |        | 24,544 |
|   | Q3     |        | 24,544 |
|   | Q2     | 21,897 | 21,588 |
|   | Q1     | 20,941 | 21,588 |
| 2011-13   | Q8     | 23,383 | 21,557 |
|   | Q7     | 23,143 | 21,557 |
|   | Q6     | 24,328 | 21,557 |
|   | Q5     | 23,343 | 21,557 |
|   | Q4     | 26,219 | 21,557 |
|   | Q3     | 25,575 | 21,557 |
|   | Q2     | 23,557 | 21,557 |
|   | Q1     | 22,975 | 21,557 |

Performance Measure Status: Draft

Number 002217 - Number of Medicaid children - outpatient

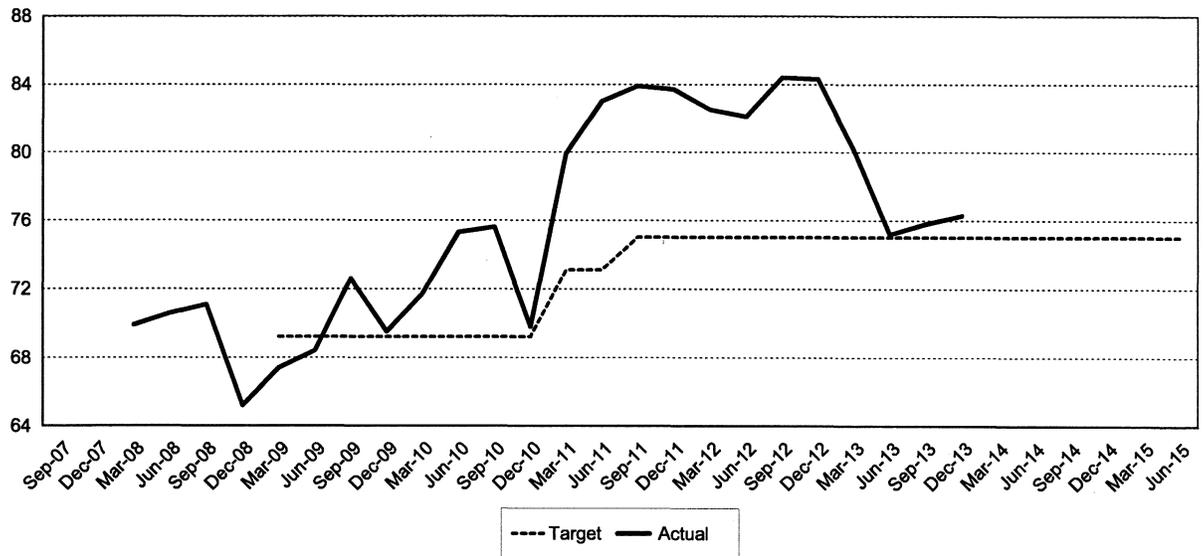


| <b>002216 The percentage of Medicaid adults who receive an intake within 14 days of request.</b> |        |        |        |
|--|--------|--------|--------|
| Biennium   | Period | Actual | Target |
| 2013-15  | Q8     |        | 75%    |
|  | Q7     |        | 75%    |
|  | Q6     |        | 75%    |
|  | Q5     |        | 75%    |
|  | Q4     |        | 75%    |
|  | Q3     |        | 75%    |
|  | Q2     | 76.3%  | 75%    |
|  | Q1     | 75.8%  | 75%    |
| 2011-13  | Q8     | 75.2%  | 75%    |
|  | Q7     | 80.1%  | 75%    |
|  | Q6     | 84.3%  | 75%    |
|  | Q5     | 84.4%  | 75%    |
|  | Q4     | 82.1%  | 75%    |
|  | Q3     | 82.5%  | 75%    |
|  | Q2     | 83.7%  | 75%    |
|  | Q1     | 83.9%  | 75%    |

Performance Measure Status: Draft

Percent

002216 - Percentage of Medicaid adults - intake



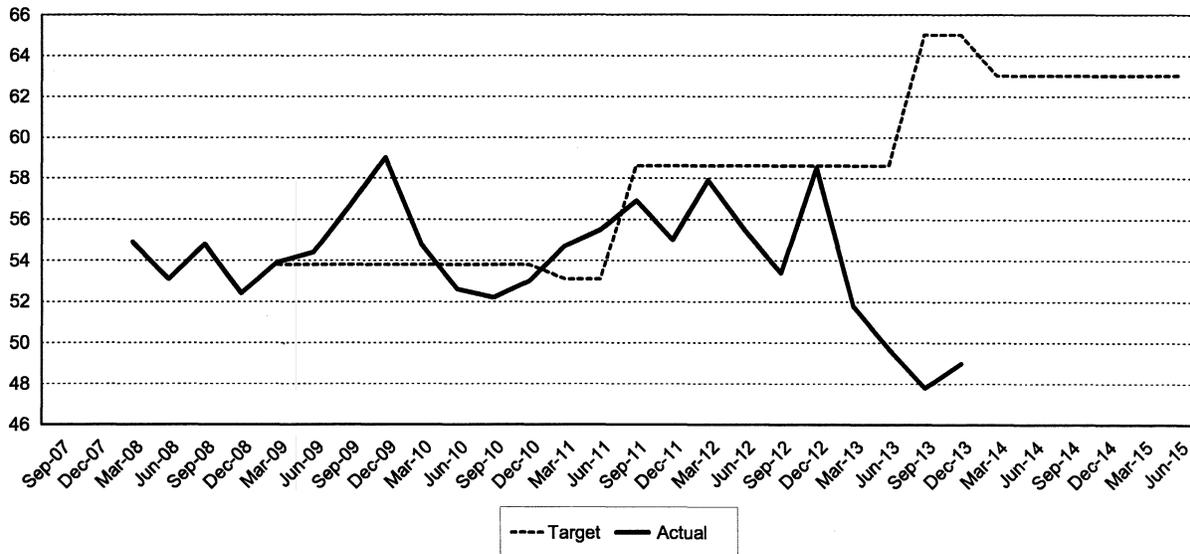
Appropriation Period: 2015-17 Activity Version: 11 - 2015-17 2-YR Agency Req Program:030 Sort By: Activity

| 002215 The percentage of Medicaid adults seen in the mental health system within 7 days post-discharge from inpatient services. |        |        |        |
|---|--------|--------|--------|
| Biennium  | Period | Actual | Target |
| 2013-15   | Q8     |        | 63%    |
|   | Q7     |        | 63%    |
|   | Q6     |        | 63%    |
|   | Q5     |        | 63%    |
|   | Q4     |        | 63%    |
|   | Q3     |        | 63%    |
|   | Q2     | 49%    | 65%    |
|   | Q1     | 47.8%  | 65%    |
| 2011-13   | Q8     | 49.7%  | 58.6%  |
|   | Q7     | 51.8%  | 58.6%  |
|   | Q6     | 58.5%  | 58.6%  |
|   | Q5     | 53.4%  | 58.6%  |
|   | Q4     | 55.5%  | 58.6%  |
|   | Q3     | 57.9%  | 58.6%  |
|   | Q2     | 55%    | 58.6%  |
|   | Q1     | 56.9%  | 58.6%  |

Performance Measure Status: Draft

Percent

002215 - Percentage of Medicaid adults - post discharge

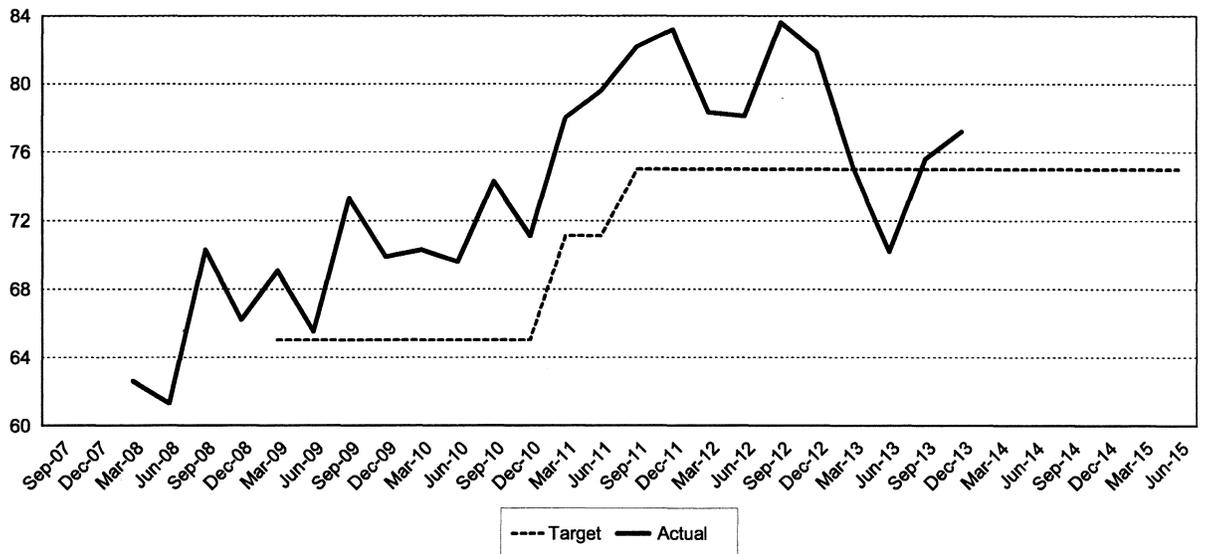


| <b>002219 The percentage of Medicaid children who receive an intake within 14 days of request.</b> |        |        |        |
|--|--------|--------|--------|
| Biennium   | Period | Actual | Target |
| 2013-15  | Q8     |        | 75%    |
|  | Q7     |        | 75%    |
|  | Q6     |        | 75%    |
|  | Q5     |        | 75%    |
|  | Q4     |        | 75%    |
|  | Q3     |        | 75%    |
|  | Q2     | 77.2%  | 75%    |
|  | Q1     | 75.6%  | 75%    |
| 2011-13  | Q8     | 70.2%  | 75%    |
|  | Q7     | 75.1%  | 75%    |
|  | Q6     | 81.9%  | 75%    |
|  | Q5     | 83.6%  | 75%    |
|  | Q4     | 78.1%  | 75%    |
|  | Q3     | 78.3%  | 75%    |
|  | Q2     | 83.2%  | 75%    |
|  | Q1     | 82.2%  | 75%    |

Performance Measure Status: Draft

Percent

002219 - Percentage of Medicaid children - intake



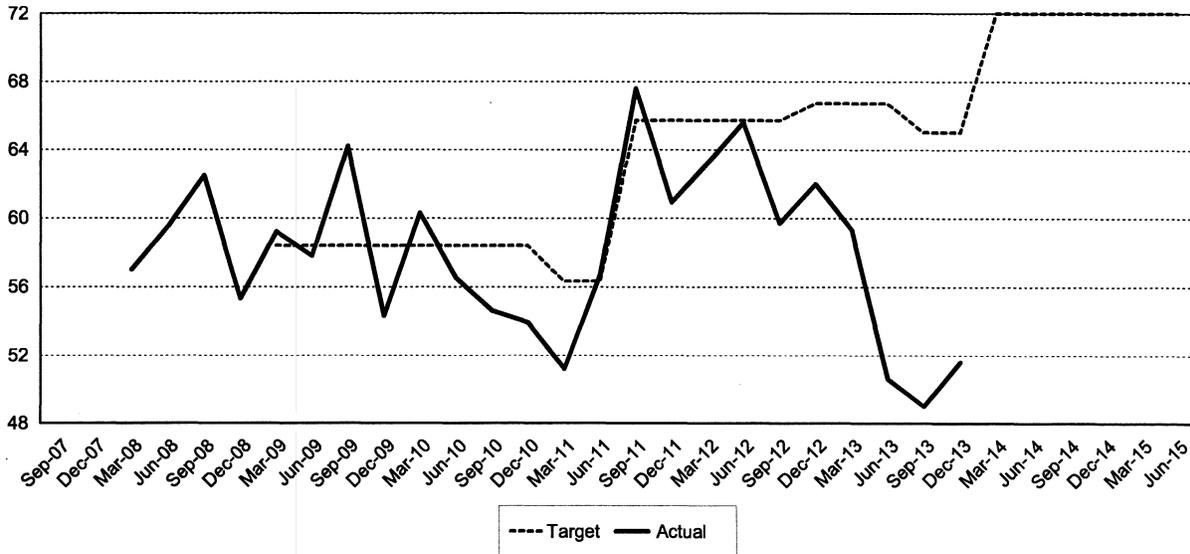
Appropriation Period: 2015-17 Activity Version: 11 - 2015-17 2-YR Agency Req Program:030 Sort By: Activity

| <b>002218 The percentage of Medicaid children seen in the mental health system within 7 days post-discharge from inpatient services.</b> |        |        |        |
|--|--------|--------|--------|
| Biennium   | Period | Actual | Target |
| 2013-15  | Q8     |        | 72%    |
|  | Q7     |        | 72%    |
|  | Q6     |        | 72%    |
|  | Q5     |        | 72%    |
|  | Q4     |        | 72%    |
|  | Q3     |        | 72%    |
|  | Q2     | 51.6%  | 65%    |
|  | Q1     | 49%    | 65%    |
| 2011-13  | Q8     | 50.6%  | 66.7%  |
|  | Q7     | 59.3%  | 66.7%  |
|  | Q6     | 62%    | 66.7%  |
|  | Q5     | 59.7%  | 65.7%  |
|  | Q4     | 65.6%  | 65.7%  |
|  | Q3     | 63.2%  | 65.7%  |
|  | Q2     | 60.9%  | 65.7%  |
|  | Q1     | 67.6%  | 65.7%  |

Performance Measure Status: Draft

Percent

002218 - Percentage of Medicaid children - post-discharge



C018 Mental Health Services - Non-Medicaid Recipients and Services

*Appropriation Period: 2015-17 Activity Version: 11 - 2015-17 2-YR Agency Req Program:030 Sort By: Activity*

Mental Health Services - Non-Medicaid Recipients provide financial support and program direction to Regional Support Networks for community mental health programs for non-Medicaid eligibles and for services that do not qualify for Medicaid under the state plan. Programs provide services for outpatient, inpatient, acute care, day treatment, consultation and education, and employment services. Community support services include screening of voluntary referrals to state hospitals; discharge planning with the hospitals; crisis response; case management for chronic clients in the community; and residential programs that supervise, support, treat, and rehabilitate adults and children.

**Program 030 - Mental Health**

| Account                  | FY 2016              | FY 2017              | Biennial Total       |
|--------------------------|----------------------|----------------------|----------------------|
| <b>FTE</b>               |                      |                      |                      |
| 996-Z Other              | 8.5                  | 8.5                  | 8.5                  |
| <b>001 General Fund</b>  |                      |                      |                      |
| 001-1 State              | \$88,196,000         | \$88,199,000         | \$176,395,000        |
| 001-C Medicaid Federal   | \$105,505,000        | \$105,507,000        | \$211,012,000        |
| <b>001 Account Total</b> | <b>\$193,701,000</b> | <b>\$193,706,000</b> | <b>\$387,407,000</b> |

**Statewide Result Area: Healthy and Safe Communities**

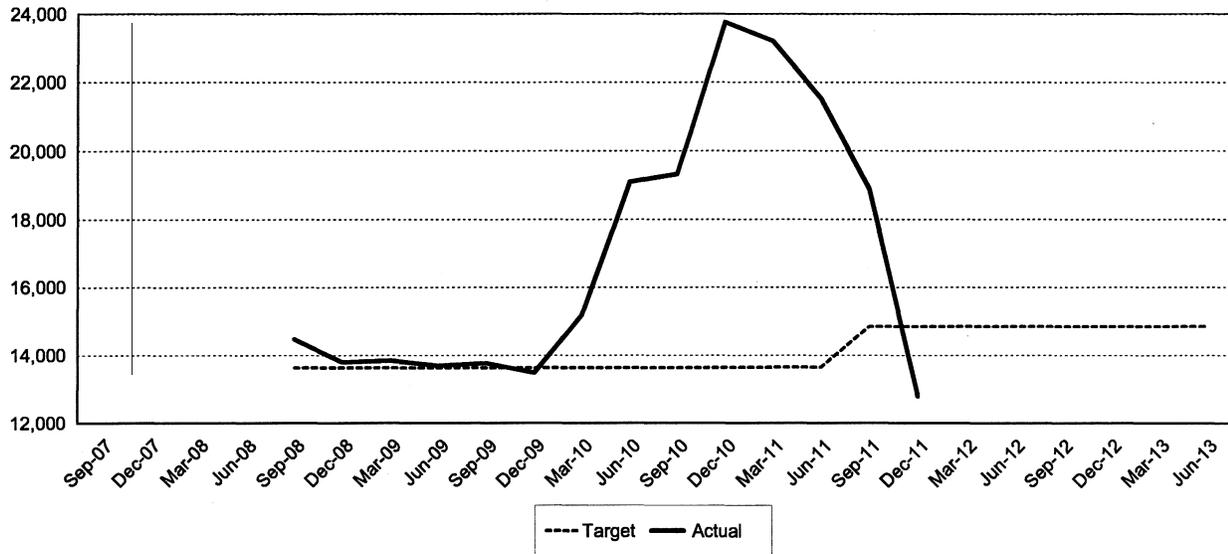
**Statewide Strategy: Provide access to health care**

**Expected Results**

Provide and ensure quality and cost-effective mental health services that support the health and well-being of individuals, families and communities in Washington State.

| <b>001099 The number of non-Medicaid individuals who receive outpatient services from the Regional Support Networks.</b> |        |        |        |
|--|--------|--------|--------|
| Biennium   | Period | Actual | Target |
| 2011-13  | Q8     |        | 14,842 |
|  | Q7     |        | 14,842 |
|  | Q6     |        | 14,842 |
|  | Q5     |        | 14,842 |
|  | Q4     |        | 14,842 |
|  | Q3     |        | 14,842 |
|  | Q2     | 12,797 | 14,842 |
|  | Q1     | 18,885 | 14,842 |
| Performance Measure Status: Draft  |        |        |        |

**Number 001099 - Community - Non Medicaid Receipts**

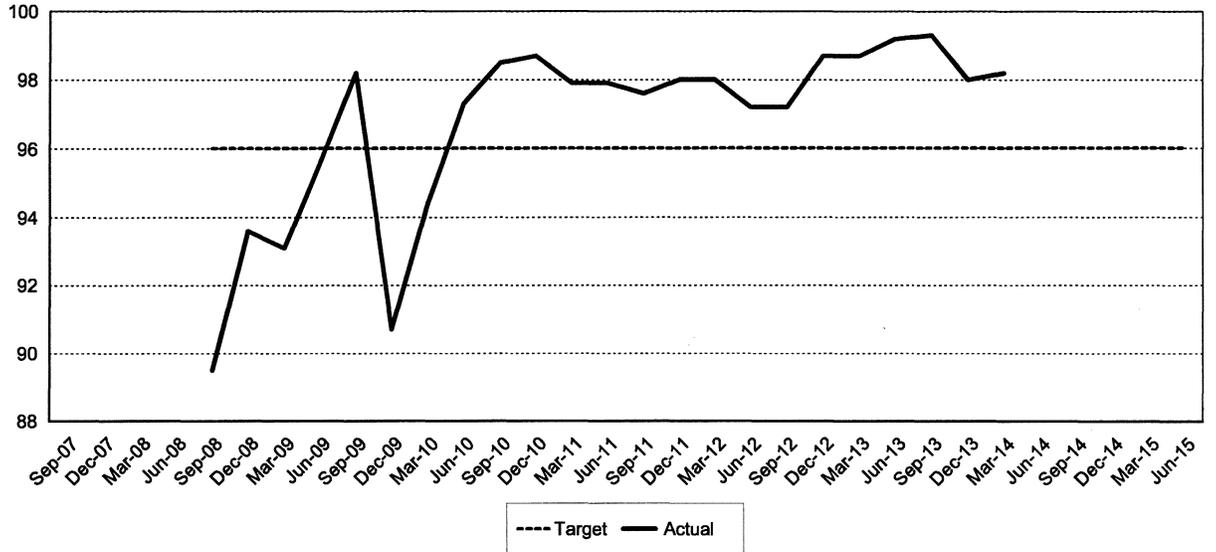


**001101 The percentage of involuntary treatment detentions done in community hospitals or Evaluation and Treatment Centers rather than state hospitals.**

| Biennium | Period | Actual | Target |
|----------|--------|--------|--------|
| 2013-15  | Q8     |        | 96%    |
|          | Q7     |        | 96%    |
|          | Q6     |        | 96%    |
|          | Q5     |        | 96%    |
|          | Q4     |        | 96%    |
|          | Q3     | 98.2%  | 96%    |
|          | Q2     | 98%    | 96%    |
|          | Q1     | 99.3%  | 96%    |
| 2011-13  | Q8     | 99.2%  | 96%    |
|          | Q7     | 98.7%  | 96%    |
|          | Q6     | 98.7%  | 96%    |
|          | Q5     | 97.2%  | 96%    |
|          | Q4     | 97.2%  | 96%    |
|          | Q3     | 98%    | 96%    |
|          | Q2     | 98%    | 96%    |
|          | Q1     | 97.6%  | 96%    |

Performance Measure Status: Draft

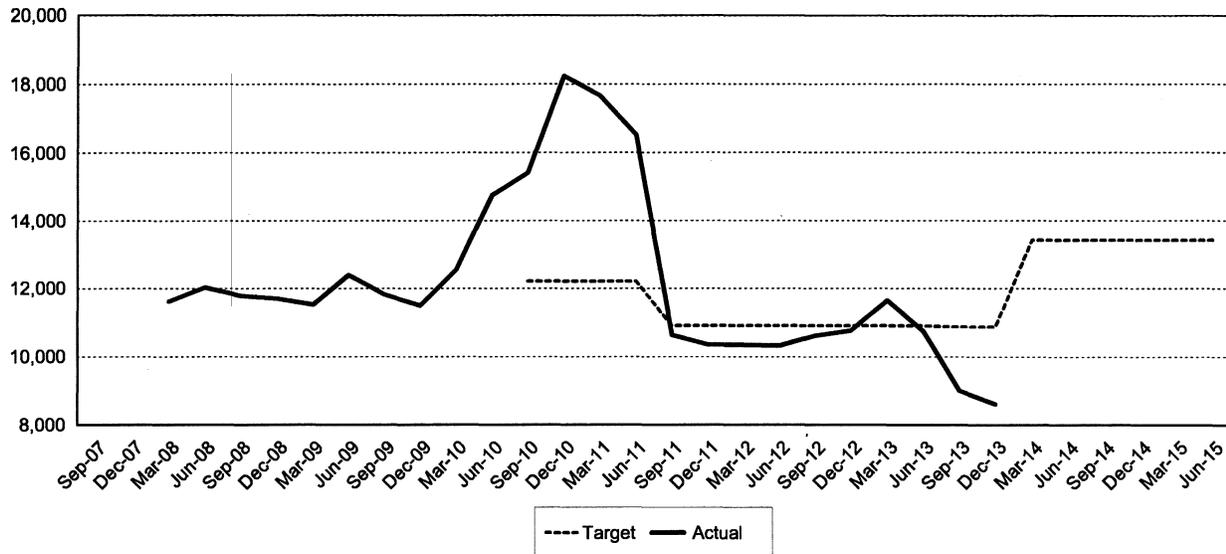
**Percent 001101 - Community - Non-Medicaid Recipients**



| <b>002220 The number of non-Medicaid adults who receive outpatient services from a Regional Support Network.</b> |        |        |        |
|--|--------|--------|--------|
| Biennium   | Period | Actual | Target |
| 2013-15  | Q8     |        | 13,418 |
|  | Q7     |        | 13,418 |
|  | Q6     |        | 13,418 |
|  | Q5     |        | 13,418 |
|  | Q4     |        | 13,418 |
|  | Q3     |        | 13,418 |
|  | Q2     | 8,614  | 10,859 |
|  | Q1     | 9,010  | 10,859 |
| 2011-13  | Q8     | 10,757 | 10,894 |
|  | Q7     | 11,648 | 10,894 |
|  | Q6     | 10,761 | 10,894 |
|  | Q5     | 10,615 | 10,894 |
|  | Q4     | 10,318 | 10,894 |
|  | Q3     | 10,336 | 10,894 |
|  | Q2     | 10,351 | 10,894 |
|  | Q1     | 10,632 | 10,894 |
| Performance Measure Status: Draft  |        |        |        |

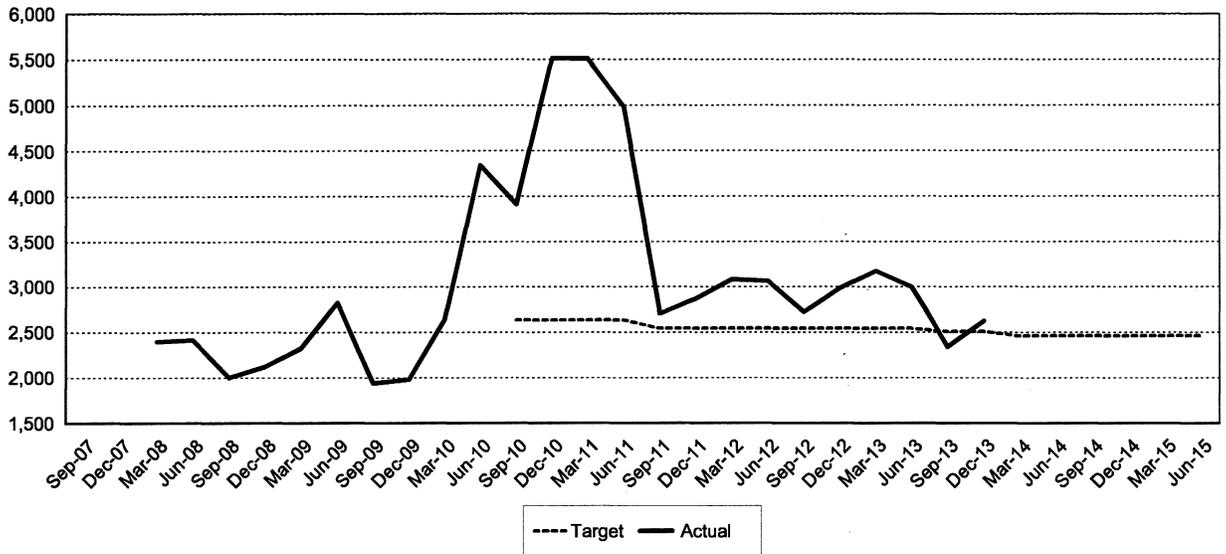
Appropriation Period: 2015-17 Activity Version: 11 - 2015-17 2-YR Agency Req Program:030 Sort By: Activity

**Number 002220 - Number of non-Medicaid Adults - outpatient**



| <b>002221 The number of non-Medicaid children who receive outpatient services from a Regional Support Network.</b> |        |        |        |
|--|--------|--------|--------|
| Biennium   | Period | Actual | Target |
| 2013-15  | Q8     |        | 2,456  |
|  | Q7     |        | 2,456  |
|  | Q6     |        | 2,456  |
|  | Q5     |        | 2,456  |
|  | Q4     |        | 2,456  |
|  | Q3     |        | 2,456  |
|  | Q2     | 2,624  | 2,502  |
|  | Q1     | 2,338  | 2,502  |
| 2011-13  | Q8     | 2,999  | 2,535  |
|  | Q7     | 3,171  | 2,535  |
|  | Q6     | 2,981  | 2,535  |
|  | Q5     | 2,721  | 2,535  |
|  | Q4     | 3,061  | 2,535  |
|  | Q3     | 3,081  | 2,535  |
|  | Q2     | 2,871  | 2,535  |
|  | Q1     | 2,700  | 2,535  |
| Performance Measure Status: Draft  |        |        |        |

Number 002221 - Number of non-Medicaid children - outpatient



**C063 Mental Health Facilities Services**

State psychiatric hospitals include Eastern and Western State and the Child Study and Treatment Center. Services include inpatient psychiatric services for acutely and chronically mentally ill persons, mentally ill legal offenders, geriatric patients and inpatient psychiatric services for severely mentally ill children and adolescents.

*Program 030 - Mental Health*

| Account                  | FY 2016              | FY 2017              | Biennial Total       |
|--------------------------|----------------------|----------------------|----------------------|
| <b>FTE</b>               |                      |                      |                      |
| 996-Z Other              | 2,749.8              | 2,733.1              | 2,741.5              |
| <b>001 General Fund</b>  |                      |                      |                      |
| 001-1 State              | \$157,696,000        | \$155,723,000        | \$313,419,000        |
| 001-7 Private/Local      | \$29,833,000         | \$30,162,000         | \$59,995,000         |
| 001-C Medicaid Federal   | \$80,461,000         | \$79,831,000         | \$160,292,000        |
| <b>001 Account Total</b> | <b>\$267,990,000</b> | <b>\$265,716,000</b> | <b>\$533,706,000</b> |

Statewide Result Area: **Healthy and Safe Communities**

Statewide Strategy: **Provide institutional-based services**

**Expected Results**

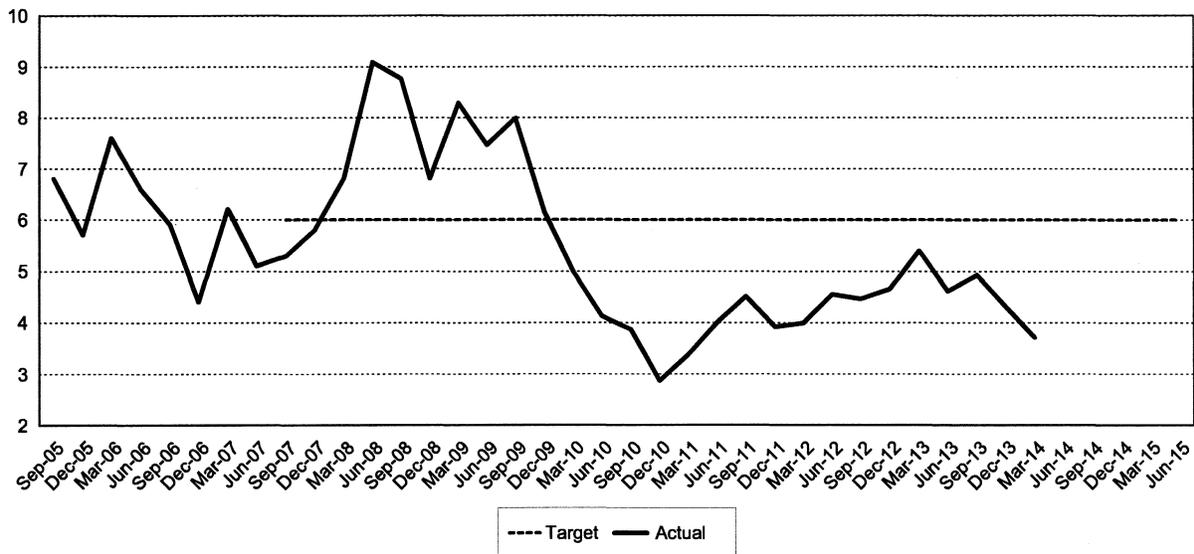
Provide and ensure quality and cost-effective inpatient psychiatric services that support the health and well-being of adults and children in Washington State.

| 001068 Restraint incidents per 1,000 client bed days at the state psychiatric hospitals. |        |        |        |
|--|--------|--------|--------|
| Biennium   | Period | Actual | Target |
| 2013-15  | Q8     |        | 6%     |
|  | Q7     |        | 6%     |
|  | Q6     |        | 6%     |
|  | Q5     |        | 6%     |
|  | Q4     |        | 6%     |
|  | Q3     | 3.71%  | 6%     |
|  | Q2     | 4.32%  | 6%     |
|  | Q1     | 4.93%  | 6%     |
| 2011-13  | Q8     | 4.61%  | 6%     |
|  | Q7     | 5.4%   | 6%     |
|  | Q6     | 4.65%  | 6%     |
|  | Q5     | 4.46%  | 6%     |
|  | Q4     | 4.55%  | 6%     |
|  | Q3     | 3.99%  | 6%     |
|  | Q2     | 3.92%  | 6%     |
|  | Q1     | 4.51%  | 6%     |

Performance Measure Status: Draft

Percent

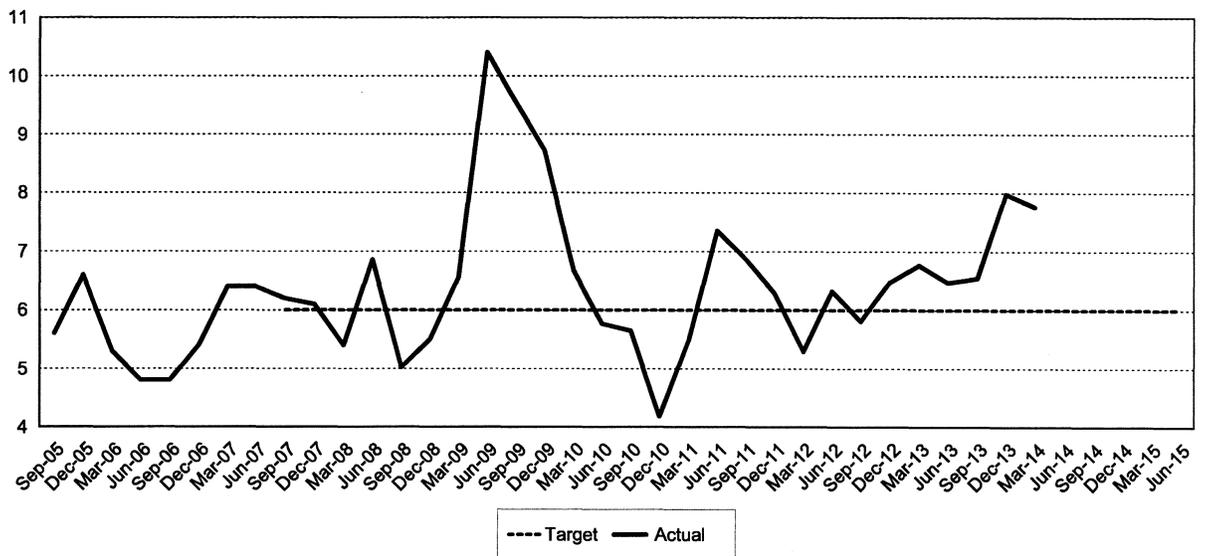
001068 - Number of restraints incidents per 1,000 patient days



| 001065 Seclusion incidents per 1,000 client bed days at the state psychiatric hospitals. |        |        |        |
|--|--------|--------|--------|
| Biennium   | Period | Actual | Target |
| 2013-15  | Q8     |        | 6%     |
|  | Q7     |        | 6%     |
|  | Q6     |        | 6%     |
|  | Q5     |        | 6%     |
|  | Q4     |        | 6%     |
|  | Q3     | 7.76%  | 6%     |
|  | Q2     | 7.98%  | 6%     |
|  | Q1     | 6.55%  | 6%     |
| 2011-13  | Q8     | 6.47%  | 6%     |
|  | Q7     | 6.77%  | 6%     |
|  | Q6     | 6.48%  | 6%     |
|  | Q5     | 5.81%  | 6%     |
|  | Q4     | 6.33%  | 6%     |
|  | Q3     | 5.29%  | 6%     |
|  | Q2     | 6.29%  | 6%     |
|  | Q1     | 6.87%  | 6%     |

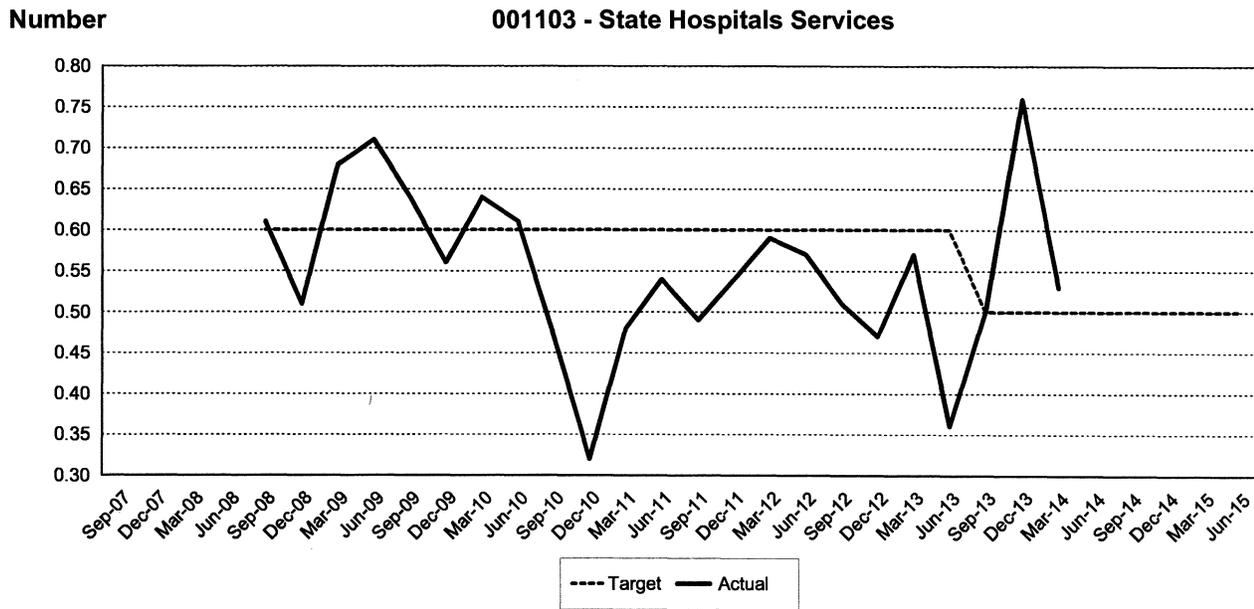
Performance Measure Status: Draft

Percent 001065 - Number of seclusion incidents per 1,000 patient days



Appropriation Period: 2015-17 Activity Version: 11 - 2015-17 2-YR Agency Req Program:030 Sort By: Activity

| <b>001103 Labor and Industries assault claims filed per 1,000 client bed days at the state psychiatric hospitals.</b> |               |               |               |
|---|---------------|---------------|---------------|
| <b>Biennium</b>   | <b>Period</b> | <b>Actual</b> | <b>Target</b> |
| 2013-15   | Q8            |               | 0.5           |
|   | Q7            |               | 0.5           |
|   | Q6            |               | 0.5           |
|   | Q5            |               | 0.5           |
|   | Q4            |               | 0.5           |
|   | Q3            | 0.53          | 0.5           |
|   | Q2            | 0.76          | 0.5           |
|   | Q1            | 0.5           | 0.5           |
| 2011-13   | Q8            | 0.36          | 0.6           |
|   | Q7            | 0.57          | 0.6           |
|   | Q6            | 0.47          | 0.6           |
|   | Q5            | 0.51          | 0.6           |
|   | Q4            | 0.57          | 0.6           |
|   | Q3            | 0.59          | 0.6           |
|   | Q2            | 0.54          | 0.6           |
|   | Q1            | 0.49          | 0.6           |
| Performance Measure Status: Draft   |               |               |               |



**C069 Other Community Mental Health Services**

**ACT001 - Agency Activity Inventory by Agency****Dept of Social and Health Services**

BDS Activity - Version 11 - 030

*Appropriation Period: 2015-17 Activity Version: 11 - 2015-17 2-YR Agency Req Program:030 Sort By: Activity*

The Mental Health Block Grant provides funds for activities such as the Mental Health Planning and Advisory Council, training, education, and support services to consumers, mental health professionals, and advocates. Funding supports the Program for Assertive Community Treatment (PACT) teams, Spokane Acute Care Diversion, Long-Term Involuntary Treatment Act (ITA), and the Program for Active Living Skills (PALS).

**Program 030 - Mental Health**

| <b>Account</b>           | <b>FY 2016</b>      | <b>FY 2017</b>      | <b>Biennial Total</b> |
|--------------------------|---------------------|---------------------|-----------------------|
| <b>FTE</b>               |                     |                     |                       |
| 996-Z Other              | 2.9                 | 2.9                 | 2.9                   |
| <b>001 General Fund</b>  |                     |                     |                       |
| 001-1 State              | \$14,050,000        | \$14,513,000        | \$28,563,000          |
| 001-2 Federal            | \$8,520,000         | \$8,520,000         | \$17,040,000          |
| 001-C Medicaid Federal   | \$670,000           | \$669,000           | \$1,339,000           |
| <b>001 Account Total</b> | <b>\$23,240,000</b> | <b>\$23,702,000</b> | <b>\$46,942,000</b>   |

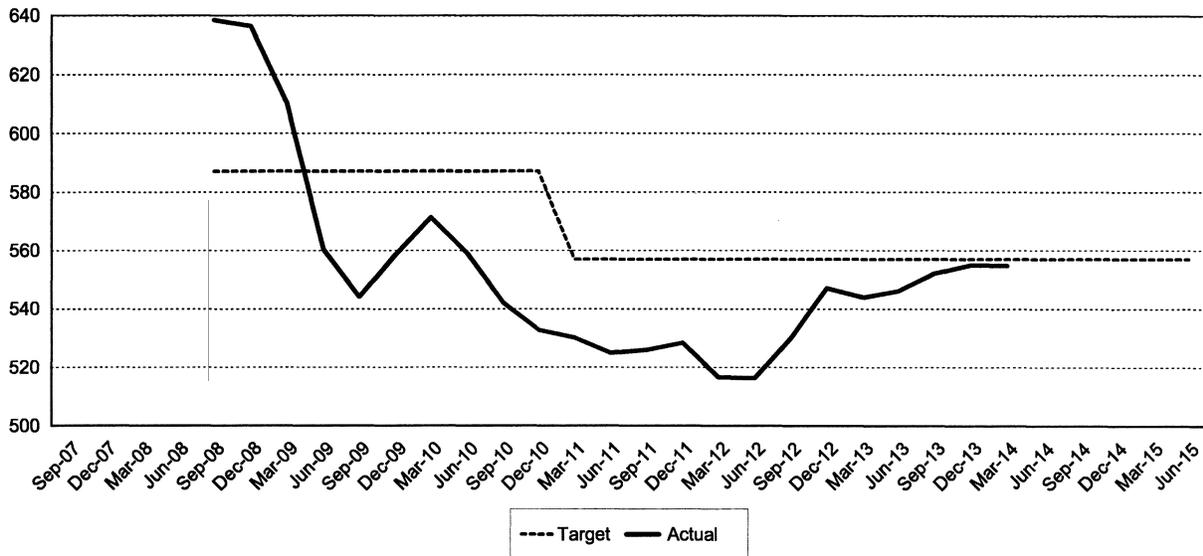
**Statewide Result Area: Healthy and Safe Communities****Statewide Strategy: Provide community-based residential and in-home services****Expected Results**

Provide and ensure quality and cost-effective mental health services that support the health and well-being of individuals, families and communities in Washington State.

| 001105 Western Washington Regional Support Networks average daily utilization of state hospital civil beds. |        |        |        |
|---|--------|--------|--------|
| Biennium  | Period | Actual | Target |
| 2013-15   | Q8     |        | 557    |
|   | Q7     |        | 557    |
|   | Q6     |        | 557    |
|   | Q5     |        | 557    |
|   | Q4     |        | 557    |
|   | Q3     | 554.79 | 557    |
|   | Q2     | 555.03 | 557    |
|   | Q1     | 552.23 | 557    |
| 2011-13   | Q8     | 546.13 | 557    |
|   | Q7     | 543.84 | 557    |
|   | Q6     | 547.12 | 557    |
|   | Q5     | 530.08 | 557    |
|   | Q4     | 516.18 | 557    |
|   | Q3     | 516.57 | 557    |
|   | Q2     | 528.3  | 557    |
|   | Q1     | 525.85 | 557    |
| Performance Measure Status: Draft   |        |        |        |

Number

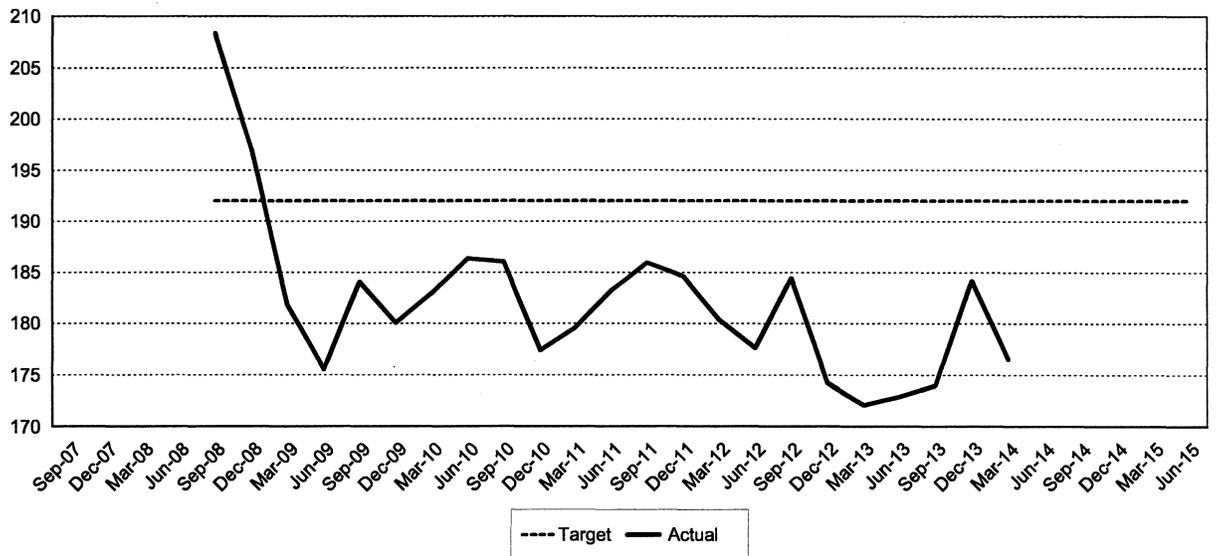
001105 - Other Community Mental Health Services



| 001107 Eastern Washington Regional Support Networks average daily utilization of state hospital civil beds. |        |        |        |
|---|--------|--------|--------|
| Biennium  | Period | Actual | Target |
| 2013-15   | Q8     |        | 192    |
|   | Q7     |        | 192    |
|   | Q6     |        | 192    |
|   | Q5     |        | 192    |
|   | Q4     |        | 192    |
|   | Q3     | 176.51 | 192    |
|   | Q2     | 184.16 | 192    |
|   | Q1     | 173.98 | 192    |
| 2011-13   | Q8     | 172.92 | 192    |
|   | Q7     | 172.07 | 192    |
|   | Q6     | 174.26 | 192    |
|   | Q5     | 184.4  | 192    |
|   | Q4     | 177.6  | 192    |
|   | Q3     | 180.36 | 192    |
|   | Q2     | 184.62 | 192    |
|   | Q1     | 185.93 | 192    |
| Performance Measure Status: Draft   |        |        |        |

Number

001107 - Other Community Mental Health Services



C070 Mental Health Services - Children's Long-term Treatment Programs (CLIP)

**ACT001 - Agency Activity Inventory by Agency**

**Dept of Social and Health Services**

BDS Activity - Version 11 - 030

*Appropriation Period: 2015-17 Activity Version: 11 - 2015-17 2-YR Agency Req Program:030 Sort By: Activity*

The Children's Long-term Inpatient Program (CLIP) facilities provide critical inpatient services to children less than 18 years of age with severe psychiatric impairment who require intensive services in a restrictive setting. Tamarack Center (Spokane), Pearl Street Center (Tacoma), and McGraw Center (Seattle) are non-profit CLIP facilities. The Child Study and Treatment Center (Tacoma) is considered a CLIP facility.

**Program 030 - Mental Health**

| Account                  | FY 2016            | FY 2017            | Biennial Total      |
|--------------------------|--------------------|--------------------|---------------------|
| <b>FTE</b>               |                    |                    |                     |
| 996-Z Other              | 1.0                | 1.0                | 1.0                 |
| <b>001 General Fund</b>  |                    |                    |                     |
| 001-1 State              | \$4,113,000        | \$4,123,000        | \$8,236,000         |
| 001-C Medicaid Federal   | \$2,738,000        | \$3,200,000        | \$5,938,000         |
| <b>001 Account Total</b> | <b>\$6,851,000</b> | <b>\$7,323,000</b> | <b>\$14,174,000</b> |

**Statewide Result Area: Healthy and Safe Communities**

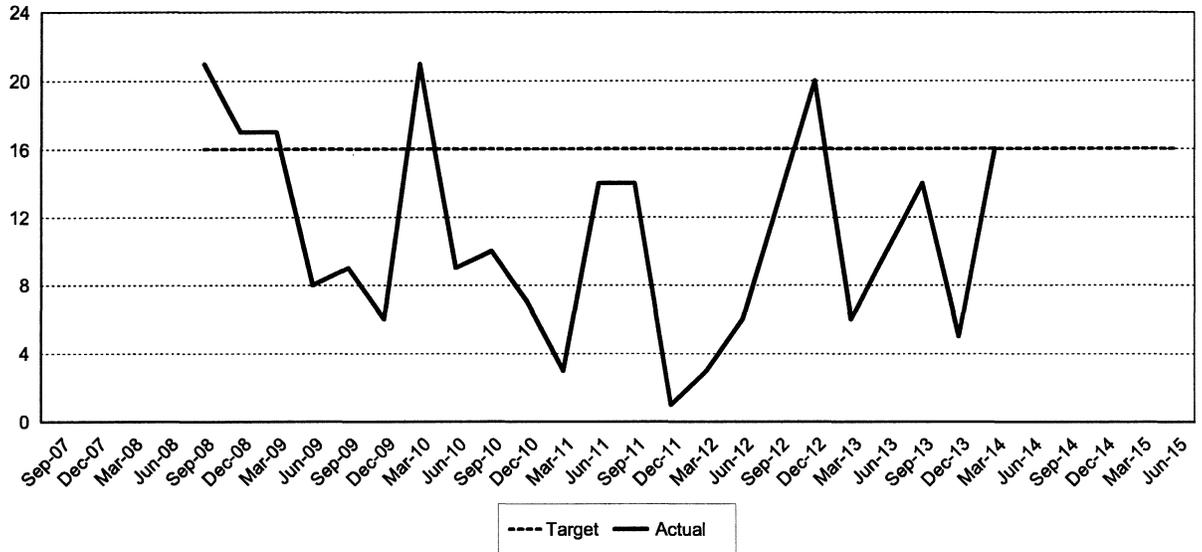
**Statewide Strategy: Provide institutional-based services**

**Expected Results**

Provide and ensure critical inpatient mental health services that support the health and well-being of children younger than 18 years of age in Washington State.

| <b>001109 The number of children waiting more than 30 days for admission to long-term inpatient care.</b> |        |        |        |
|---|--------|--------|--------|
| Biennium  | Period | Actual | Target |
| 2013-15   | Q8     |        | 16     |
|   | Q7     |        | 16     |
|   | Q6     |        | 16     |
|   | Q5     |        | 16     |
|   | Q4     |        | 16     |
|   | Q3     | 16     | 16     |
|   | Q2     | 5      | 16     |
|   | Q1     | 14     | 16     |
| 2011-13   | Q8     | 10     | 16     |
|   | Q7     | 6      | 16     |
|   | Q6     | 20     | 16     |
|   | Q5     | 13     | 16     |
|   | Q4     | 6      | 16     |
|   | Q3     | 3      | 16     |
|   | Q2     | 1      | 16     |
|   | Q1     | 14     | 16     |
| Performance Measure Status: Draft   |        |        |        |

**Number 001109 - Children's Long Term Inpatient Care (CLIP)**



**C072 Mental Health Services - Dangerously Mentally Ill Offender Program (DMIO)**

The Offender Reentry Community Services Program (ORCSP) improves public safety and provides mental health treatment to dangerous mentally ill and chemically dependent mentally ill offenders scheduled to be released from state prisons. Community care planning teams are co-led by the local regional support network (RSN) and Department of Corrections (DOC) representatives and include substance abuse treatment providers and others as needed to develop engagement and transition plans for each ORCSP participant.

**Program 030 - Mental Health**

| Account                  | FY 2016            | FY 2017            | Biennial Total     |
|--------------------------|--------------------|--------------------|--------------------|
| <b>FTE</b>               |                    |                    |                    |
| 996-Z Other              | 1.0                | 1.0                | 1.0                |
| <b>001 General Fund</b>  |                    |                    |                    |
| 001-1 State              | \$1,867,000        | \$1,868,000        | \$3,735,000        |
| 001-C Medicaid Federal   | \$53,000           | \$54,000           | \$107,000          |
| <b>001 Account Total</b> | <b>\$1,920,000</b> | <b>\$1,922,000</b> | <b>\$3,842,000</b> |

**Statewide Result Area: Healthy and Safe Communities**  
**Statewide Strategy: Confine and rehabilitate offenders**

**Expected Results**

Provide and ensure quality and cost-effective mental health services that support the health and well-being of individuals transitioning from prisons into the community.

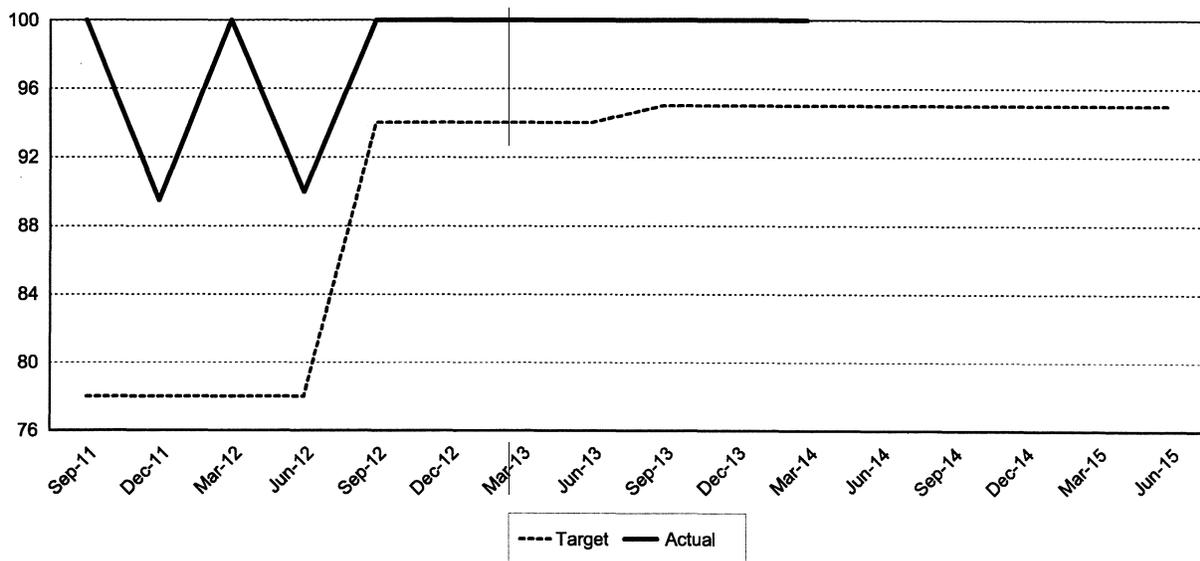
Appropriation Period: 2015-17 Activity Version: 11 - 2015-17 2-YR Agency Req Program:030 Sort By: Activity

**002021 The Offender Re-Entry Community Safety Program (ORCSP) helps criminal offenders in confinement to transition to the community following release from DOC custody. Services delivered target the long-term needs of the client with a mental health disorder.**

| Biennium | Period | Actual | Target |
|----------|--------|--------|--------|
| 2013-15  | Q8     |        | 95%    |
|          | Q7     |        | 95%    |
|          | Q6     |        | 95%    |
|          | Q5     |        | 95%    |
|          | Q4     |        | 95%    |
|          | Q3     | 100%   | 95%    |
|          | Q2     | 100%   | 95%    |
|          | Q1     | 100%   | 95%    |
| 2011-13  | Q8     | 100%   | 94%    |
|          | Q7     | 100%   | 94%    |
|          | Q6     | 100%   | 94%    |
|          | Q5     | 100%   | 94%    |
|          | Q4     | 90%    | 78%    |
|          | Q3     | 100%   | 78%    |
|          | Q2     | 89.5%  | 78%    |
|          | Q1     | 100%   | 78%    |

Performance Measure Status: Draft

Percent 002021 - Percentage of individuals receiving pre-release engagement services



C073 Mental Health Services to Jails - Facilitating Access Services

Mental Health services are provided to offenders with mental health disorders while they are confined in county or city jails. Mental Health works in conjunction with Economic Services Administration to facilitate the reinstatement of Medicaid-eligible mental health services for offenders who are released from confinement.

**Program 030 - Mental Health**

| <b>Account</b>           | <b>FY 2016</b>     | <b>FY 2017</b>     | <b>Biennial Total</b> |
|--------------------------|--------------------|--------------------|-----------------------|
| <b>FTE</b>               |                    |                    |                       |
| 996-Z Other              | 1.0                | 1.0                | 1.0                   |
| <b>001 General Fund</b>  |                    |                    |                       |
| 001-1 State              | \$4,636,000        | \$4,637,000        | \$9,273,000           |
| 001-C Medicaid Federal   | \$50,000           | \$51,000           | \$101,000             |
| <b>001 Account Total</b> | <b>\$4,686,000</b> | <b>\$4,688,000</b> | <b>\$9,374,000</b>    |

**Statewide Result Area: Healthy and Safe Communities**

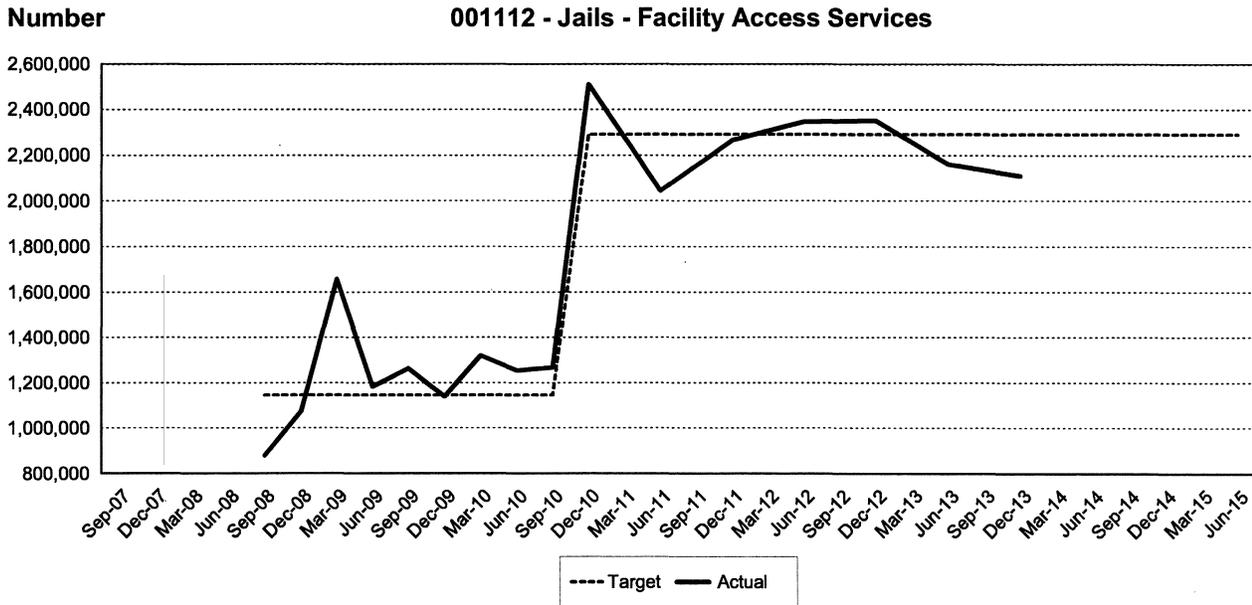
**Statewide Strategy: Provide access to health care**

**Expected Results**

Provide and ensure quality and cost-effective mental health services that support the health and well-being of individuals who are confined in county or city jail and to those who are being released from confinement.

| <b>001112 Funds spent to transition individuals from jails to community settings.</b> |               |               |               |
|---|---------------|---------------|---------------|
| <b>Biennium</b>   | <b>Period</b> | <b>Actual</b> | <b>Target</b> |
| 2013-15   | Q8            |               | 2,291,000     |
|   | Q7            |               |               |
|   | Q6            |               | 2,291,000     |
|   | Q5            |               |               |
|   | Q4            |               | 2,291,000     |
|   | Q3            |               |               |
|   | Q2            | 2,108,563     | 2,291,000     |
|   | Q1            |               |               |
| 2011-13   | Q8            | 2,159,860     | 2,291,000     |
|   | Q7            |               |               |
|   | Q6            | 2,351,165     | 2,291,000     |
|   | Q5            |               |               |
|   | Q4            | 2,345,479     | 2,291,000     |
|   | Q3            |               |               |
|   | Q2            | 2,265,007     | 2,291,000     |
|   | Q1            |               |               |

Performance Measure Status: Draft



**C093 Special Projects - Mental Health**

**ACT001 - Agency Activity Inventory by Agency**

**Dept of Social and Health Services**

BDS Activity - Version 11 - 030

*Appropriation Period: 2015-17 Activity Version: 11 - 2015-17 2-YR Agency Req Program:030 Sort By: Activity*

This activity supports Federal demonstration grant funded projects for mental health, including projects and grants to demonstrate service delivery to the homeless, mentally ill offenders, and family support projects.

**Program 030 - Mental Health**

| Account                  | FY 2016            | FY 2017            | Biennial Total     |
|--------------------------|--------------------|--------------------|--------------------|
| <b>FTE</b>               |                    |                    |                    |
| 996-Z Other              | 8.1                | 8.1                | 8.1                |
| <b>001 General Fund</b>  |                    |                    |                    |
| 001-1 State              | \$698,000          | \$717,000          | \$1,415,000        |
| 001-2 Federal            | \$3,054,000        | \$3,054,000        | \$6,108,000        |
| 001-C Medicaid Federal   | \$322,000          | \$336,000          | \$658,000          |
| <b>001 Account Total</b> | <b>\$4,074,000</b> | <b>\$4,107,000</b> | <b>\$8,181,000</b> |

**Statewide Result Area: Healthy and Safe Communities**

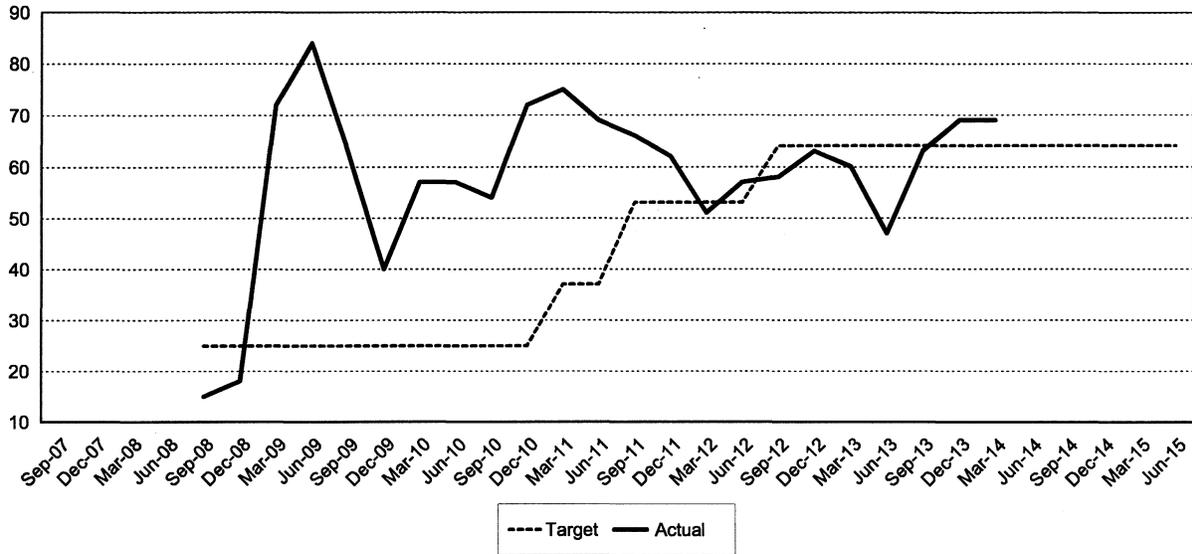
**Statewide Strategy: Provide access to health care**

**Expected Results**

Provide and ensure quality and cost-effective mental health services that support the health and well-being of children and families in Washington State.

| <b>001114 Number of children receiving services in the Wraparound pilots.</b> |        |        |        |
|---|--------|--------|--------|
| Biennium  | Period | Actual | Target |
| 2013-15   | Q8     |        | 64     |
|   | Q7     |        | 64     |
|   | Q6     |        | 64     |
|   | Q5     |        | 64     |
|   | Q4     |        | 64     |
|   | Q3     | 69     | 64     |
|   | Q2     | 69     | 64     |
|   | Q1     | 63     | 64     |
| 2011-13   | Q8     | 47     | 64     |
|   | Q7     | 60     | 64     |
|   | Q6     | 63     | 64     |
|   | Q5     | 58     | 64     |
|   | Q4     | 57     | 53     |
|   | Q3     | 51     | 53     |
|   | Q2     | 62     | 53     |
|   | Q1     | 66     | 53     |
| Performance Measure Status: Draft   |        |        |        |

**Number 001114 - Wraparound pilot - Special Projects**



**C900 Program Support - Mental Health**

Program Support provides administrative and technical support for all programs within Mental Health including policy development, fiscal planning, information services, and legislative and regional coordination.

**Program 030 - Mental Health**

| Account                  | FY 2016            | FY 2017            | Biennial Total      |
|--------------------------|--------------------|--------------------|---------------------|
| <b>FTE</b>               |                    |                    |                     |
| 996-Z Other              | 46.9               | 45.9               | 46.4                |
| <b>001 General Fund</b>  |                    |                    |                     |
| 001-1 State              | \$5,916,000        | \$5,475,000        | \$11,391,000        |
| 001-7 Private/Local      | \$251,000          | \$251,000          | \$502,000           |
| 001-C Medicaid Federal   | \$3,731,000        | \$3,369,000        | \$7,100,000         |
| <b>001 Account Total</b> | <b>\$9,898,000</b> | <b>\$9,095,000</b> | <b>\$18,993,000</b> |

**Statewide Result Area: Healthy and Safe Communities**  
**Statewide Strategy: Provide access to health care**

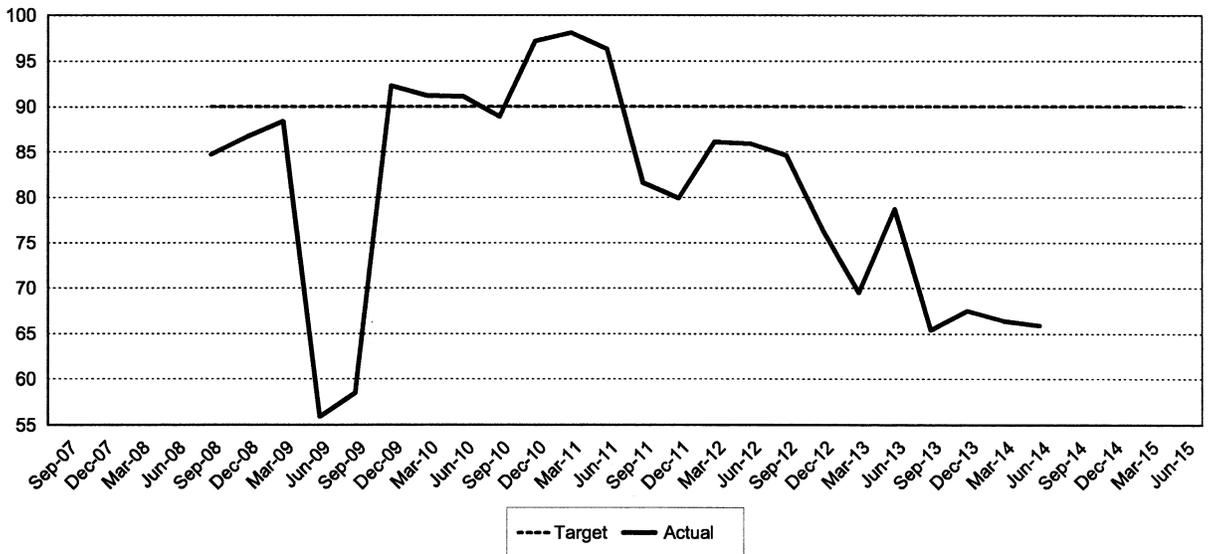
**Expected Results**

Account for its use of public dollars.

| 001116 Percentage of contracts with completed risk assessments and monitoring plans. |        |        |        |
|--|--------|--------|--------|
| Biennium   | Period | Actual | Target |
| 2013-15  | Q8     |        | 90%    |
|  | Q7     |        | 90%    |
|  | Q6     |        | 90%    |
|  | Q5     |        | 90%    |
|  | Q4     | 65.9%  | 90%    |
|  | Q3     | 66.4%  | 90%    |
|  | Q2     | 67.5%  | 90%    |
|  | Q1     | 65.4%  | 90%    |
| 2011-13  | Q8     | 78.7%  | 90%    |
|  | Q7     | 69.5%  | 90%    |
|  | Q6     | 76.5%  | 90%    |
|  | Q5     | 84.6%  | 90%    |
|  | Q4     | 85.9%  | 90%    |
|  | Q3     | 86.1%  | 90%    |
|  | Q2     | 79.9%  | 90%    |
|  | Q1     | 81.6%  | 90%    |
| Performance Measure Status: Draft  |        |        |        |

Percent

001116 - Program Support



**ACT001 - Agency Activity Inventory by Agency**

**Dept of Social and Health Services**

BDS Activity - Version 11 - 030

*Appropriation Period: 2015-17 Activity Version: 11 - 2015-17 2-YR Agency Req Program:030 Sort By: Activity*

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**Grand Total**

|              | <b>FY 2016</b>  | <b>FY 2017</b>  | <b>Biennial Total</b> |
|--------------|-----------------|-----------------|-----------------------|
| <b>FTE's</b> | 2,836.2         | 2,818.5         | 2,827.4               |
| <b>GFS</b>   | \$500,251,000   | \$506,087,000   | \$1,006,338,000       |
| <b>Other</b> | \$518,193,000   | \$525,220,000   | \$1,043,413,000       |
| <b>Total</b> | \$1,018,444,000 | \$1,031,307,000 | \$2,049,751,000       |

# **Special Reports**

## **Performance Measure Incremental Estimates Report**

***DSHS Budget Division***

**Agency Performance Measure  
Incremental Estimates for the Biennial Budget**

**Agency: 300      Dept of Social and Health Services      Budget Period: 2015-17**

**Activity: C017      Community Mental Health Prepaid Health Services**

|     |    |    |                                |  |
|-----|----|----|--------------------------------|--|
| 030 | M1 | 93 | Mandatory Caseload Adjustments | No measures linked to decision package |
| 030 | M2 | 30 | T.R. Implementation            | No measures linked to decision package |
| 030 | M2 | 3D | RSN Rate Update                | No measures linked to decision package |

**Activity: C063      Mental Health Facilities Services**

|     |    |    |                                     |  |
|-----|----|----|-------------------------------------|--|
| 030 | M2 | 33 | EMR-ICD10 Maintenance & Operations  | No measures linked to decision package |
| 030 | M2 | 34 | Align Funding with ICD-10 Imp.      | No measures linked to decision package |
| 030 | M2 | 35 | Hep C Treatment                     | No measures linked to decision package |
| 030 | M2 | 39 | Nursing Hours for Required Training | No measures linked to decision package |
| 030 | M2 | 3B | JLARC Statutory Compliance          | No measures linked to decision package |
| 030 | M2 | 3C | Hospital Revenue                    | No measures linked to decision package |
| 030 | M2 | 3F | Competency Restoration Ward         | No measures linked to decision package |
| 030 | M2 | 3I | Hospital Shortfall                  | No measures linked to decision package |
| 030 | M2 | 8X | Facility Maintenance Costs          | No measures linked to decision package |
| 030 | M2 | 9G | Workers Comp Base Correction        | No measures linked to decision package |
| 030 | M2 | 9T | Transfers                           | No measures linked to decision package |
| 030 | PL | R0 | Enhanced Training for Hosp Staff    | No measures linked to decision package |
| 030 | PL | R1 | Psych. Intensive Care Unit (PICU)   | No measures linked to decision package |
| 030 | PL | R2 | Psychiatric Emergency Response Team | No measures linked to decision package |
| 030 | PL | RF | JLARC Recommendations               | No measures linked to decision package |
| 030 | PL | RG | Hospital Staffing Levels            | No measures linked to decision package |

**Activity: C069      Other Community Mental Health Services**

|     |    |    |                       |  |
|-----|----|----|-----------------------|--|
| 030 | PL | E4 | PALS                  | No measures linked to decision package |
| 030 | PL | E8 | Criminal Incompetency | No measures linked to decision package |
| 030 | PL | R6 | Criminal Incompetency | No measures linked to decision package |
| 030 | PL | RA | PALS                  | No measures linked to decision package |

**Activity: C070      Mental Health Services - Children's Long-term Treatment Programs (CLIP)**

|     |    |    |                             |  |
|-----|----|----|-----------------------------|--|
| 030 | M2 | 9S | Equipment Replacement Costs | No measures linked to decision package |
|-----|----|----|-----------------------------|--|

**Activity: C072      Mental Health Services - Dangerously Mentally Ill Offender Program (DMIO)**

|     |    |    |                                   |  |
|-----|----|----|-----------------------------------|--|
| 030 | PL | E6 | Offender Reentry Community Safety | No measures linked to decision package |
| 030 | PL | R8 | Offender Reentry Community Safety | No measures linked to decision package |

State of Washington  
**Agency Performance Measure**  
**Incremental Estimates for the Biennial Budget**

**Agency: 300 Dept of Social and Health Services**

**Budget Period: 2015-17**

**Activity: C093 Special Projects - Mental Health**

030 M2 9G Workers Comp Base Correction

No measures linked to decision package

**Activity: C900 Program Support - Mental Health**

030 M2 8L Lease Rate Adjustments  
030 M2 8M Mileage Rate Adjustments  
030 M2 8P Postage Rate Adjustments  
030 M2 9G Workers Comp Base Correction  
030 M2 9T Transfers

No measures linked to decision package  
No measures linked to decision package

# **Special Reports**

## **Agency Strategic Plan**

***DSHS Budget Division***

**Behavioral  
Health and Service  
Integration  
Administration**

*Jane Beyer, Assistant Secretary*

**2013-2015**

# Strategic Plan

June 2014



**VISION**

People are healthy,  
safe and supported

**MISSION**

To transform lives by  
supporting sustainable  
recovery, independence  
and wellness

**VALUES**

Excellence in Service  
Respect  
Collaboration and Partnership  
Diversity  
Accountability  
Teamwork and Cooperation

## BEHAVIORAL HEALTH AND SERVICE INTEGRATION ADMINISTRATION

### Introduction

Behavioral Health and Service Integration Administration (BHSIA) provides prevention, intervention, inpatient treatment, outpatient treatment and recovery support to people with addiction and mental health needs.

Over the last biennium:

- 203,000 clients participated in mental health treatment provided through 11 Regional Support Networks (RSN's)
- 95,000 clients participated in substance abuse treatment
- 51,000 clients participated in substance abuse prevention activities, and
- 688 clients participated in gambling treatment

BHSIA operates three state psychiatric hospitals. Eastern State Hospital and Western State Hospital deliver high quality inpatient psychiatric care to adults who have been committed through the civil or criminal court system for treatment and/or competency restoration services. The Child Study and Treatment Center provides high quality inpatient psychiatric care and education to children ages 5 to 17 that cannot be served in less restrictive settings in the community due to their complex needs.

#### DSHS Goals

**Goal 1**

**HEALTH** – Each individual and each community will be healthy.

**Goal 2**

**SAFETY** – Each individual and each community will be safe.

**Goal 3**

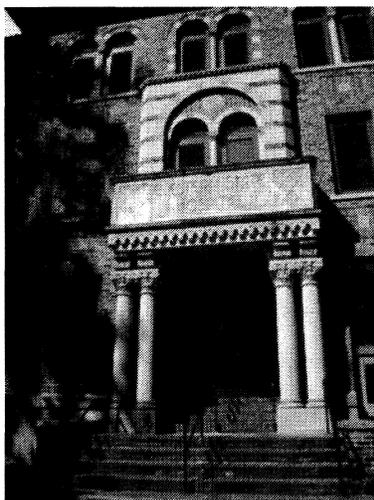
**PROTECTION** – Each individual who is vulnerable will be protected.

**Goal 4**

**QUALITY OF LIFE** – Each individual in need will be supported to attain the highest possible quality of life.

**Goal 5**

**PUBLIC TRUST** – Strong management practices will ensure quality and efficiency.



The hospitals have a combined inpatient capacity to serve 1,100 patients.

In addition to providing inpatient services, the hospitals also provide outpatient forensic services for individuals who are in jail awaiting an evaluation or for whom the courts have ordered an out of custody competency evaluation.

BHSIA has 2,804 employees and a biennial budget of \$1.9 billion.

**BHSIA's core services focus on:**

- **Individual Support** - Providing support to clients who face challenges related to mental illness or addiction, including the prevention of substance abuse and gambling addiction.
- **Health Care Quality and Costs** - Designing and implementing integrated care systems, in conjunction with other DSHS administrations and the Health Care Authority (HCA) to

improve client health outcomes and contain health care costs.

- **Administration** - Providing management infrastructure to support administrative functions such as accounting, fiscal, forecasting, contracting and information technology for BHSIA, Developmental Disabilities Administration (DDA) and Aging and Long Term Support Administration (ALSA).

## Goals

### Governor Jay Inslee's Results Washington Goals

BHSIA is a partner in Governor Jay Inslee's Results Washington, a focused effort to create effective, efficient and accountable government. Within **Results Washington** Goal Area 4, BHSIA has lead responsibility for four success metrics under the **Healthy Youth and Adults** success indicator.

BHSIA's **Results Washington** success metrics are:

- Increase the number of adults (18 and older) receiving outpatient mental health services from 56,000 to 62,000 by June 30, 2015.
- Increase the percent of mental health consumers receiving a service within seven days after discharge from inpatient settings from 59 percent to 65 percent by June 30, 2015.
- Increase outpatient chemical dependency treatment retention for adults from the FY 2013 average of 68 percent to 70.7 percent by June 30, 2015.
- Increase outpatient chemical dependency treatment retention for youth from the FY 2013 average of 74 percent to 76.2 percent by June 30, 2015.

### Department of Social and Health Services (DSHS) Goals

As a member of the DSHS team, BHSIA also has lead responsibility for performance metrics that fit within DSHS' departmental goals. DSHS has the following five broad goals:

- **Health** – Each individual and each community will be healthy.
- **Safety** – Each individual and each community will be safe.
- **Protection** – Each individual who is vulnerable will be protected.
- **Quality of Life** – Each individual in need will be supported to attain the highest possible quality of life.
- **Public Trust** – Strong management practices will be used to ensure quality and efficiency.

**BHSIA has the following success metrics in support of the DSHS Goals listed below:**

#### Health:

- Increase the percent of mental health consumers receiving a service within seven days after discharge from inpatient settings.
- Increase the number of adults (18 and older) receiving outpatient mental health services while maintaining or decreasing current inpatient utilization levels.



- Increase the number of youth (under age 18) receiving outpatient mental health services while maintaining or decreasing current inpatient utilization levels.
- Maintain the percent of participants in evidence-based BHSIA funded chemical dependency prevention programs.
- Increase outpatient chemical dependency treatment retention for adults.
- Increase outpatient chemical dependency treatment retention for youth.
- Decrease the rate of patient-to-staff assault claims filed at Eastern State Hospital, Western State Hospital and the Child Study and Treatment Center. Decrease the quarterly rates of seclusion hours at Eastern State Hospital and Western State Hospital.
- Decrease the quarterly rates of restraint hours at Eastern State Hospital and Western State Hospital.
- Decrease the quarterly rates of seclusion hours and restraint hours at the Child Study and Treatment Center.
- Increase the rates of active treatment hours delivered at Eastern State Hospital and Western State Hospital.
- Improve health outcomes for individuals with high medical risk factors.
- Improve health outcomes, coordination of care and the individual's experience of care through the HealthPath Washington Integration demonstration project.
- Increase the number of Tribal Mental Health Programs that have completed the attestation process or made substantial gains towards licensure.



*"This is my home. It's easy now, and accessible for me and to get where I need to go."*

**Safety:**

- Decrease the number of adults waiting in jail more than seven days for inpatient competency evaluations at Eastern State Hospital and Western State Hospital.

**Quality of Life:**

- Increase the rates of employment and earnings for individuals receiving BHSIA chemical dependency treatment.



## Strategic Plan

Below are the details of our Strategic Plan to meet our Strategic Objectives. Each Strategic Objective is discussed under its larger DSHS goal area. Each Strategic Objective includes a statement of importance, a quantified success measure, a timeline for achieving it and, most importantly, an Action Plan. BHSIA Strategic Objectives are monitored and reported quarterly at <http://www.dshs.wa.gov/ppa/strategic.shtml>. Each BHSIA Action Plan will be updated quarterly.

### Strategic Objectives, Importance, Success Measures and Action Plans

**DSHS Goal 1: Health – Each individual and each community will be healthy.**

**Strategic Objective 1.1:** Increase the percent of mental health consumers receiving a service within seven days after discharge from inpatient settings.

**Importance:** Persons who receive outpatient services shortly after discharge from an inpatient setting are less likely to require rehospitalization or crisis services. This emphasis on increasing timely access to local community mental health services supports consumer access to services with better outcomes, is cost efficient, and leads to healthier, safer, and more productive communities.

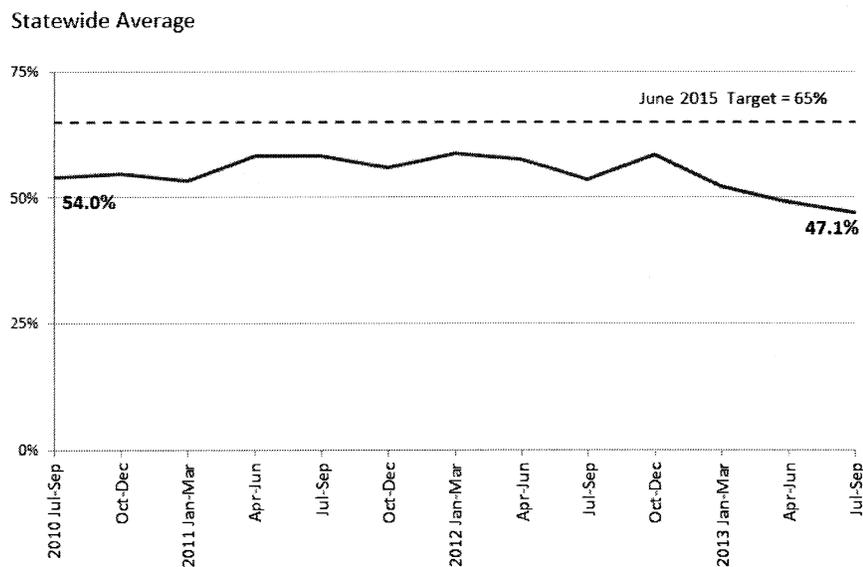
**Success Measure:** Increase the percent of mental health consumers receiving a service within seven days after discharge from inpatient settings from the second quarter FY 2013 average of 59 percent to 65 percent by June 30, 2015.

**Action Plan:** Monitor RSN performance in increasing percentage toward individual targets and use a combination of corrective action and statewide process improvement to impact the percentage of consumers seen within seven days of discharge from inpatient settings. Trends for these measures will be impacted in coming months by the actions that will be described in the A3 Action Plan. We expect to see impacts when data is available for the first two quarters of FY 2015 (July-December 2014).

- RSNs met in April 2014 to create a framework for a formal A3 process to take place in June 2014.
- Examined steps needed to improve data quality
- Identified opportunities for systemic and local improvements in performance
- Identified needed partners to participate in the A3
- Shared success and challenges each RSN has faced related to this measure



CHART 1.1 Increase the percent of mental health consumers receiving a service within 7 days after discharge from inpatient settings from the second quarter FY 2013 average of 59 percent to 65 percent by June 30, 2015



**Strategic Objective 1.2:** Increase the number of adults (18 and older) receiving outpatient mental health services.

**Importance:** Many individuals in need of mental health treatment have had to rely on the crisis system for care due to their lack of insurance coverage. Providing access to outpatient mental health services for these individuals through expanded Medicaid should reduce reliance on crisis services and increase the opportunity for persons with mental illnesses to receive community based services, recover, and improve their quality of life. It also should reduce costs for crisis and long term inpatient services.

**Success Measure:** Increase the number of adults (18 and older) receiving outpatient mental health services from the third quarter FY 2013 average of 56,000 to 62,000 by June 30, 2015, while maintaining or decreasing current inpatient utilization levels.

**Action Plan:** The measures will be impacted in coming months by the combination of the planned actions described in the plan below and the growth in population served due to Medicaid expansion. We expect to see impact when the data is available for the period after newly eligible populations began entering the system in January 2014.

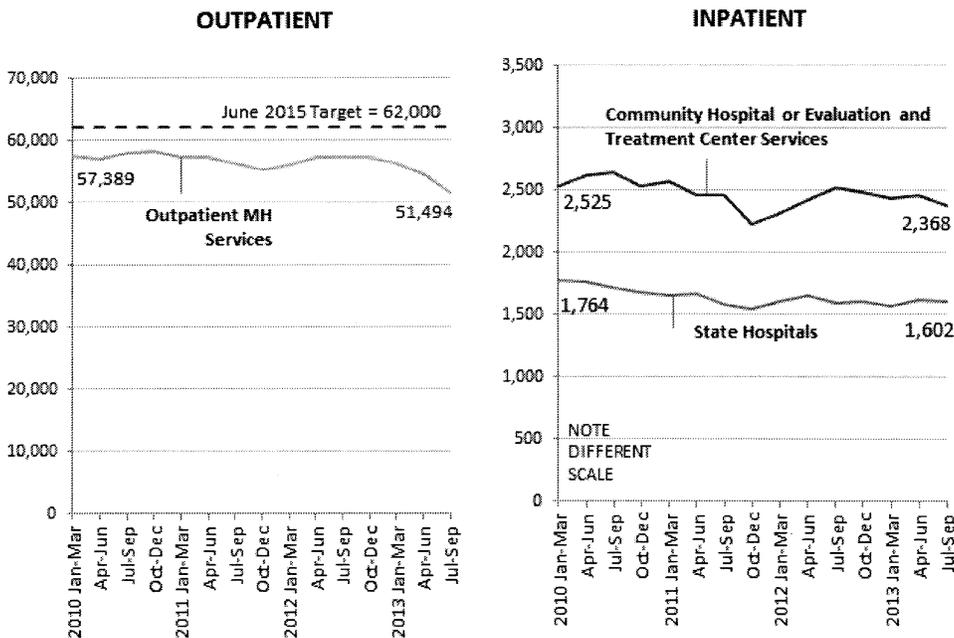
- A3 Process was held on February 21, 2014 (appendix 1).
- Lean Process recommendations were shared with RSNs in March 2014.
- Two workgroups have convened to discuss issues and recommend solutions related to increasing enrollment and improving the process of engaging people into services after intake. Recommendations are expected in July 2014.
- BHSIA will use the monthly RSN meetings to problem solve with the RSNs to increase enrollment.
- Additional funding was provided to RSNs in the 2014 supplemental budget, effective February 2014 for the expansion of crisis and diversion services.



See analysis and plan at: [BHSIA Action Plan 1.2 – Outpatient Mental Health Services](#)

CHART 1.2 Increase the number of adults (18 and older) receiving outpatient mental health services from the third quarter FY 2013 average of 56,000 to 62,000 by June 30, 2015, while maintaining or decreasing current inpatient utilization levels.

**Adults Receiving Mental Health Treatment from RSNs**



**Strategic Objective 1.3:** Increase the number of youth (under age 18) receiving outpatient mental health services while maintaining or decreasing current inpatient utilization levels.

**Importance:** Expanding the array of available outpatient mental health services and supports beyond those currently offered to children and youth, particularly those with the most serious challenges, can reduce long-term costs and improve their quality of life.



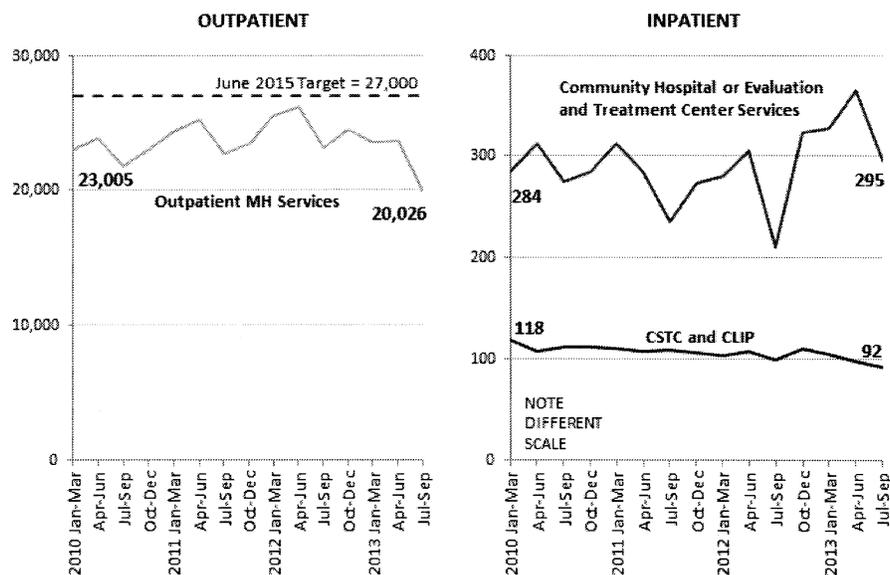
**Success Measure:** Increase the number of youth receiving outpatient mental health services from the third quarter FY 2013 average of 24,000 to 27,000 by June 30, 2015, while maintaining or decreasing inpatient utilization.

**Action Plan:** Utilize the Key Children’s Mental Health Improvement Strategies identified in the System of Care initiative and the Children’s Mental Health Redesign plan. The measures will be impacted in coming months of the planned actions described in the plan below and growth in population served due to Medicaid expansion. Because these services will ramp up mostly after July 1, 2014 the caseload impact for this measure will not be seen until data is available for the first quarter of Fiscal Year 2015 (July-September 2014). The elements of these efforts work together to:

- Increase the use of intensive, Wraparound-based mental health services and supports that research has shown to be most effective. Services will be expanded in accordance with the TR settlement implementation plan.
- Focus on strategies to use inpatient care more efficiently.
- Enhance transition planning to reduce inpatient length of stay.
- Increase youth and family leadership at all levels of the system to affect change.
- By December 31, 2014, increase the use of evidence and research based practices within Community Mental Health Agencies (CMHA's).

CHART 1.3 Increase the number of youth receiving outpatient mental health services from the third quarter FY 2013 average of 24,000 to 27,000 by June 30, 2015, while maintaining or decreasing inpatient utilization

### Youth Receiving Mental Health Treatment from RSNs



**Strategic Objective 1.4:** Maintain the percent of participants in evidence-based BHSIA funded chemical dependency prevention programs.

**Importance:** Evidence based prevention programs can significantly reduce the risk of serious substance use disorders.

**Success Measure:** Maintain the percent of participants in BHSIA-funded substance abuse prevention services receiving an evidence-based practice at 82 percent through June 30, 2015.

**Action Plan:**

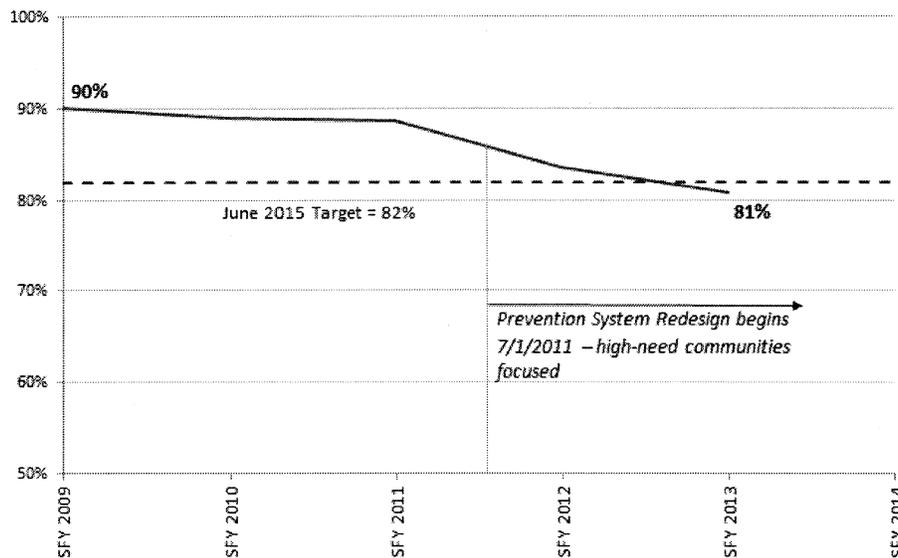
- Continue to support the Community Prevention and Wellness Initiative, which is an innovative collaborative effort between BHSIA, the counties, the Office of Superintendent of Public Instruction, Educational Service Districts and local communities to help prevent and reduce substance abuse.
- Work with counties to maintain the use of evidence-based practices and ensure compliance

with the performance targets included in their contracts with DSHS. Currently all providers are in compliance with the requirement for EBPs. Managers will not approve programs for implementation unless the EBP requirements are met.

- Effective July 2014, implement the Initiative 502 requirement for prevention programs that will reduce marijuana use, of which 85 percent must be evidence-based.

See analysis and plan at: [BHSIA Action Plan 1.4 – Marijuana](#) and [BHSIA Action Plan 1.4 - Alcohol](#)

CHART 1.4 Maintain the percent of participants in BHSIA-funded substance abuse prevention services receiving an evidence based practice at 82 percent through June 30, 2015



**Strategic Objective 1.5:** Increase outpatient chemical dependency treatment retention for adults.

**Importance:** Research indicates that treatment retention (i.e. remaining in treatment for at least 90 days) is associated with positive outcomes, such as reduction in substance use and criminal justice involvement. Longer participation in treatment also increases the likelihood of employment, increased earnings and stability in housing.

**Success Measure:** Increase outpatient chemical dependency treatment retention for adults from the fourth quarter FY 2013 average rate of 68 percent to 70.7 percent by June 30, 2015.

**Action Plan:**

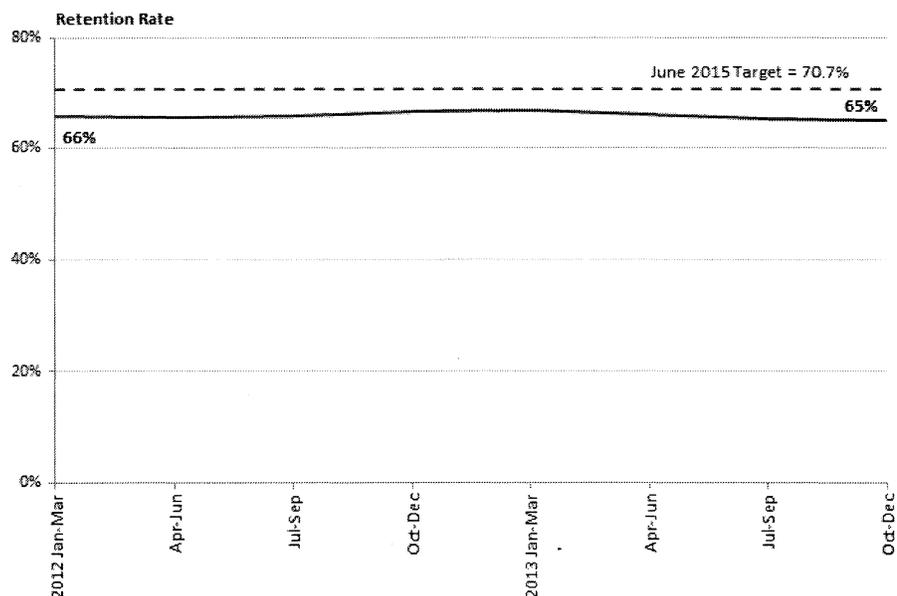
- Move forward on the Results Washington A3 Implementation Plan (appendix 2).
- Amend county chemical dependency contracts starting July 2014 to reflect this objective and monitor county progress in achieving these increases.
- Encourage treatment providers to increase their retention efforts by enhancing communication with individuals while in treatment.



- Develop and disseminate a toolkit to treatment providers and other stakeholders on engagement and retention strategies.
- Continue to monitor the outcome of the Brandeis Incentive Study and consider adopting incentive strategies to enhance retention and develop other continuous quality improvement strategies to meet the target percentages.
- Offer technical assistance upon request and work closely with providers who are not showing progress in meeting the target percentages. Use best practices from other counties as applicable.

See analysis and plan at: [BHSIA Action Plan 1.5 – Adult Outpatient Treatment Retention](#)

CHART 1.5 Increase outpatient chemical dependency treatment retention for adults from the fourth quarter FY 2013 average rate of 68 percent to 70.7 percent by June 30, 2015



**Strategic Objective 1.6:** Increase outpatient chemical dependency treatment retention for youth.

**Importance:** Research indicates that treatment retention (i.e. remaining in treatment for at least 90 days) is associated with positive outcomes, such as reduction in substance use and criminal justice involvement. Longer participation in treatment also increases the likelihood of employment, increased earnings and stability in housing.

**Success Measure:** Increase outpatient chemical dependency treatment retention for youth from the FY 2013 average of 74 percent to 76.2 percent by June 30, 2015.

*with the right help,  
recovery and healing happen*

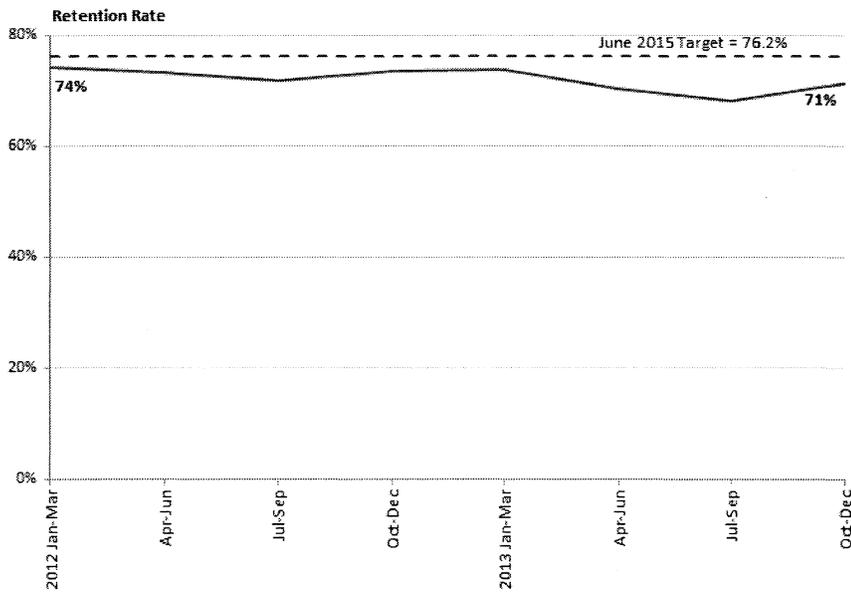


**Action Plan:**

- Move forward on the Results Washington A3 Implementation Plan (appendix 1).
- Amend county chemical dependency contracts starting July 2014 to reflect this objective and monitor county progress in achieving these increases.
- Encourage treatment providers to increase their retention efforts by enhancing communication with individuals while in treatment, consider adopting incentive strategies to enhance retention and develop other continuous quality improvement strategies to meet the target percentages.
- Develop and disseminate a toolkit to treatment providers and other stakeholders on engagement and retention strategies.
- Disseminate resources to parents/caregivers on treatment options available, provide regional “family engagement trainings.”
- Offer technical assistance upon request and work closely with providers who are not showing progress in meeting the target percentages. Use best practices from other counties as applicable.

See analysis and plan at: [BHSIA Action Plan 1.6 – Youth Outpatient Treatment Retention](#)

CHART 1.6 Increase outpatient chemical dependency treatment retention for youth from the FY 2013 average of 74 percent to 76.2 percent by June 30, 2015



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**Strategic Objective 1.7:** Decrease the number of patient-to-staff assault claims filed at Eastern State Hospital, Western State Hospital and the Child Study and Treatment Center.

**Importance:** Reducing patient-to-staff assaults will increase staff safety and well-being, as well as reduce expenditures for workplace related injury claims. This emphasis on workplace safety also will result in improved patient safety.

**Success Measure:** Decrease the number of patient-to-staff assault claims filed at Eastern State Hospital, Western State Hospital and the Child Study and Treatment Center from the third quarter FY 2013 rate of 0.57 assaults per 1,000 patient days to 0.50 assaults per 1,000 patient days by June 30, 2015.

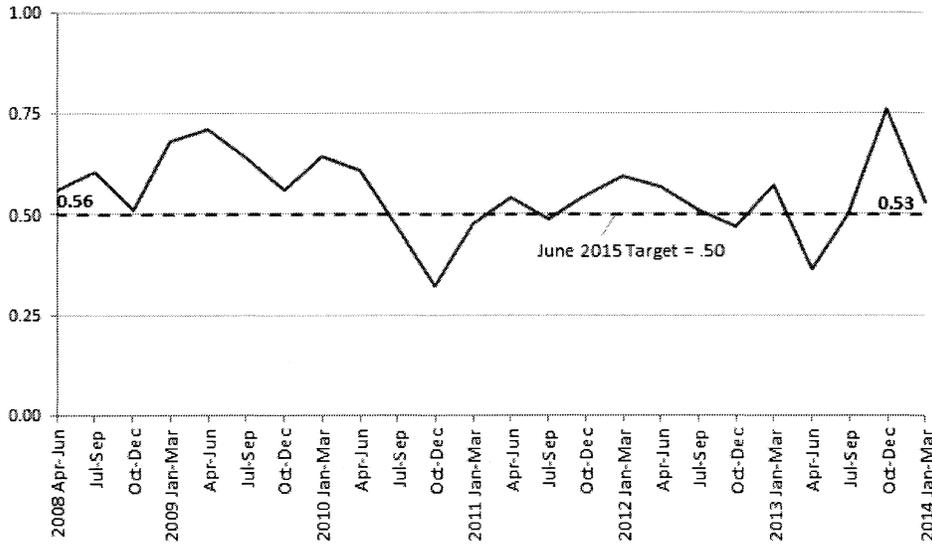
**Action Plan:**

- Continue to implement the workplace safety plan.
- Raise awareness of the “culture of safety” through discussion during new employee orientation and the continuation of daily safety huddles to review concerns and safety events.
- Continue to mitigate unsafe items in the hospital environment.
- Continue to provide Safe Alternatives for Everyone (SAFE) team training to assist staff with clinical interventions.
- Psychiatric Emergency Response Team (PERT) in the Western State Hospital Center for Forensic Services began operating in March 2014.
- Continue staff training on managing patients who may be assaultive.
- Continue to train staff in the use of treatment interventions that can help patients resolve situations that might otherwise lead to assaults.
- Reinvigorate a Transitional Return to Work (TRTW) program to help employees who have been injured in the workplace stay connected to the work environment and return to work more quickly.



CHART 1.7 Decrease the number of patient-to-staff assault claims filed at Eastern State Hospital, Western State Hospital, and the Child Study and Treatment Center from the third quarter FY 2013 rate of 0.57 assaults per 1,000 patient days to 0.50 assaults per 1,000 patient days by June 30, 2015

Rate per 1,000 patient days



**Strategic Objective 1.8:** Decrease the quarterly rates of patient seclusion hours at Eastern State Hospital and Western State Hospital.

**Importance:** Reduced rates of patient seclusion promote a therapeutic recovery environment resulting in fewer assaults by patients.

**Success Measure:** Decrease the quarterly rates of seclusion hours at Eastern State Hospital from the fourth quarter FY 2013 rate of 0.24 per 1,000 patient hours to 0.15 by June 30, 2015. Decrease the rates of seclusion at Western State Hospital from the fourth quarter FY 2013 rate of 1.05 hours per 1,000 inpatient hours to 0.76 by June 30, 2015.

**Action Plan:**

- Continue to provide training in therapeutic options to assist staff in using clinical interventions that reduce the need for seclusion. The treatment options will be consistent with the patient's safety plan, which is developed by the patient and his/her treatment team.
- Continue daily review by clinical leadership of patients that have been in seclusion during the past 24 hours. As a result of the review, any or all of the following actions may be taken:
  - On-site conferencing with the registered nurse or medical doctor to review the patient's status
  - Revision of the patient's treatment plan
  - Provision of clinical guidance and support
- Continue to review data to determine if patterns exist in the use of seclusion. Use the National Association of State Mental Health Program Directors (NASMHPD) Six Core Strategies to target

interventions to the needs and challenges of specific areas of the hospitals.

- Finalize the comprehensive patient care manual that includes a best practice guide to aggression management. A unified approach to care and aggression should result in decreased patient violence and thus the need for the use of seclusion.
- The fourth quarter FY 2014 ESH hours of seclusion are primarily attributable to a single patient subsequently discharged March 2014. Those related patients who remain at ESH continue to be placed in seclusion but at a decreased rate.

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*“He’s good. Not like the others that just asked me questions. He’s making me get healthy and check to make sure I’m using the treadmill. He’s making sure that I’m thinking straight and that I’m going to school. I don’t like doing it but he’s making sure I save money.”*

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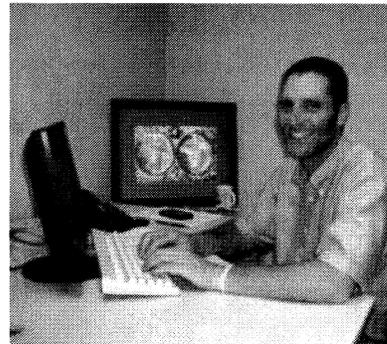
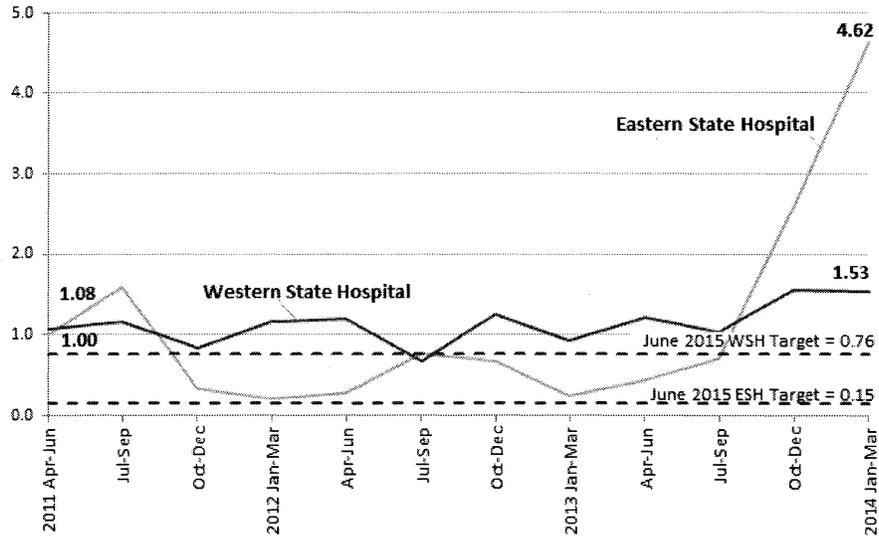


CHART 1.8 Decrease the quarterly rates of seclusion hours at Eastern State Hospital from the fourth quarter FY 2013 rate of 0.24 per 1,000 patient hours to 0.15 by June 30, 2015. Decrease the rates of seclusion at Western State Hospital from the fourth quarter FY 2013 rate of 1.05 per 1,000 inpatient hours to 0.76 by June 30, 2015

**Rate per 1,000 patient hours**



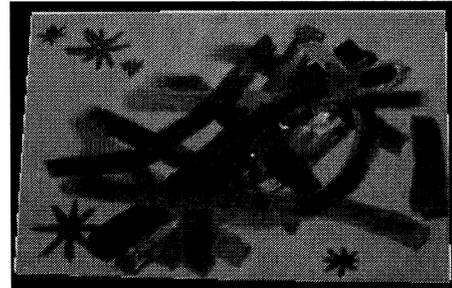
**Strategic Objective 1.9:** Maintain the quarterly rates of restraint use at Eastern State Hospital and decrease the quarterly rates of restraint use at Western State Hospital.

**Importance:** Reduced use of restraints promotes a therapeutic recovery environment that results in fewer assaults by patients. Reduced use of restraints also lessens the need for physical interaction between the staff and patients thereby reducing the likelihood of injury.

**Success Measure:** Maintain quarterly rates of restraint hours at Eastern State Hospital at 0.17 per 1,000 patient hours. Decrease the quarterly rates of restraint hours at Western State Hospital from the fourth quarter FY 2012 average of 3.02 per 1,000 inpatient hours to 2.18 by June 30, 2015.

**Action Plan:**

- Continue to provide training in therapeutic options to assist staff in using clinical interventions that reduce the need for restraint. The treatment options will be consistent with the patient's safety plan, which is developed by the patient and his/her treatment team.
- Continue daily review by clinical leadership of patients that have been in restraint during the past 24 hours. As a result of the review, any and all of the following actions may be taken:
  - On-site conferencing with the registered nurse or medical doctor to review the patient's status
  - Revision of the patient's treatment plan
  - Provision of clinical guidance and support
- Continue to review data to determine if patterns exist in the use of restraint. Use the National Association of Mental Health Program Directors (NASMHPD) Six Core Strategies to target specific interventions to the needs and challenges of specific areas of the hospitals.
- Finalize the comprehensive patient care manual that includes a best practice guide to aggression management. A unified approach to care and aggression should result in decreased patient violence and thus the need for the use of restraints.



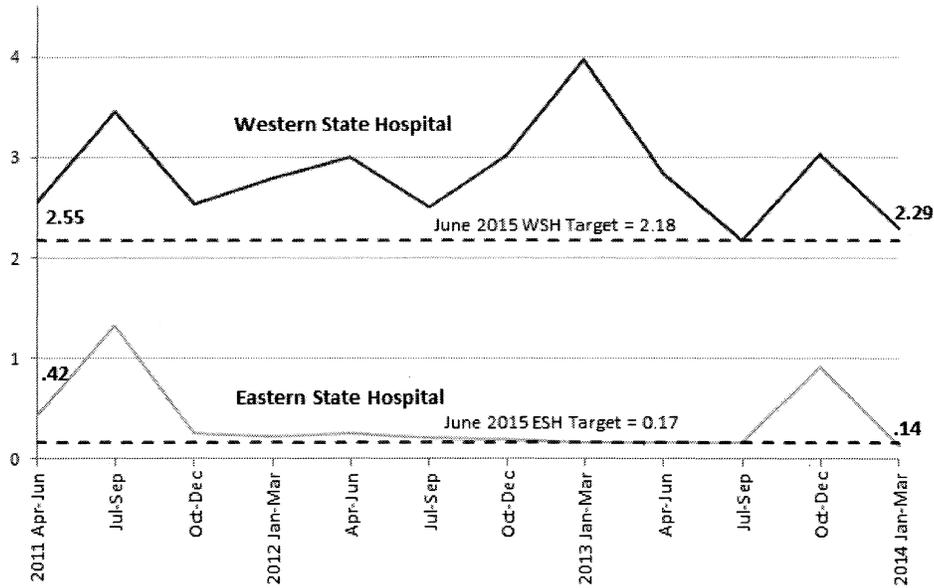
*"I painted this picture while I was at Western State Hospital, before I had a place to stay. I painted this because of my feelings surrounding my living situations. I threw all of my feelings into one painting. I was feeling: scared, angry, unstable, lost, alone, disconnected, disappointed, frustrated, guilty, hopeful, overwhelmed and worried."*

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CHART 1.9 Maintain quarterly rates of restraint hours at Eastern State Hospital at 0.17 per 1,000 patient hours. Decrease quarterly rates of restraint hours at Western State Hospital from the fourth quarter FY 2012 average of 3.02 per 1,000 inpatient hours to 2.18 by June 30, 2015

Rate per 1,000 patient hours



**Strategic Objective 1.10:** Decrease the quarterly rates of seclusion hours and restraint hours at the Child Study and Treatment Center.

**Importance:** Reduced rates of seclusion and restraint promote a therapeutic recovery environment that results in fewer assaults by patients.

**Success Measure:** Decrease the quarterly rate of seclusion hours at the Child Study and Treatment Center from the fourth quarter FY 2013 rate of 3.69 per 1,000 patient hours to 2.28 per 1,000 patient hours by June 30, 2015; and maintain quarterly rate of restraint hours at the third quarter FY 2013 rate of 0.07 per 1,000 patient hours.

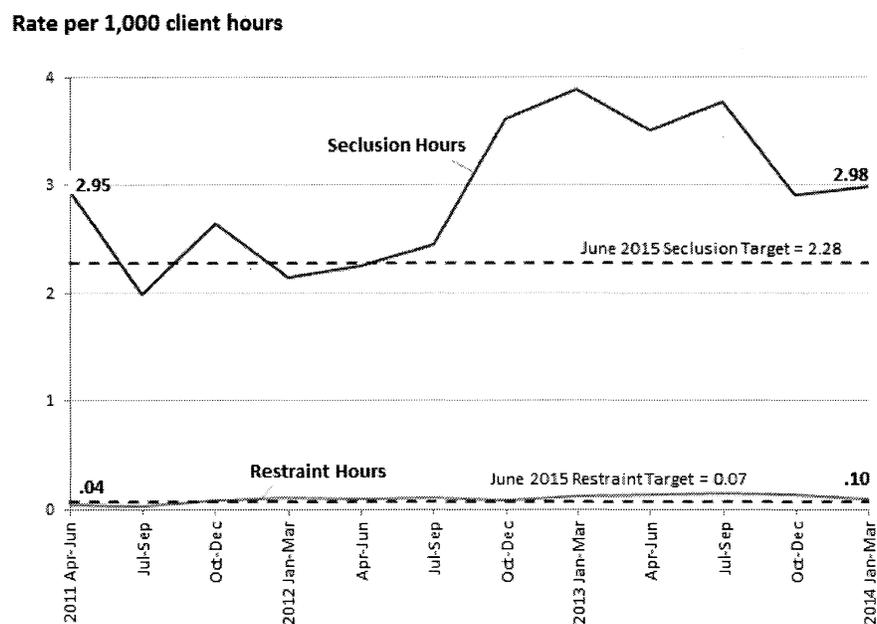
**Action Plan:**

- As of September 2013, current direct care staff have been trained in the new crisis behavioral intervention and de-escalation program center-wide (i.e. the Crisis Prevention Institute’s Nonviolent Crisis Intervention Program) and the curriculum has been added to new employee orientation. This training focuses on early identification of crisis and de-escalation with appropriate restrictive interventions to maintain both staff and patient safety.
- Results from the CSTC Direct Care Staff Safety Survey were reviewed and analyzed by the Workplace Safety Workgroup. Focus groups were formed in each cottage to discuss communication, teamwork, leadership and training issues. Action plans for 2014 were established and the Workplace Safety Workgroup continues to meet bi-monthly.
- Leadership staff to include shift lead Psychiatric Child Care Counselors 2 attended Motivational

Interview training during the first quarter of 2014. The training is currently being used to improve effectiveness with patients setting goals to align their behavior. Several program directors are attending advanced skill development training.

- Continue to provide training in therapeutic options to assist staff in using clinical interventions that reduce the need for seclusion or restraint. Treatment options will be consistent with the patient's safety plan, which is developed by the patient and his/her treatment team.

CHART 1.10 Decrease the quarterly rate of seclusion hours at the Child Study and Treatment Center from the fourth quarter FY 2013 rate of 3.69 per 1,000 patient hours to 2.28 per 1,000 patient hours by June 30, 2015; and maintain quarterly rate of restraint hours at the third quarter FY 2013 rate of 0.07 per 1,000 patient hours



**Strategic Objective 1.11:** Increase the rates of active treatment hours delivered at Eastern State Hospital and Western State Hospital.

**Importance:** Active treatment includes cognitive behavioral therapy, daily living skills, recreational activities and other programs and interactions which assist patients in achieving recovery. Active treatment increases cognitive functioning and promotes well-being.

**Success Measure:** Increase the average number of active treatment hours received per patient per week at Eastern State Hospital from the fourth quarter FY 2013 average of 12.01 to 15.00 hours by June 30, 2015. Increase the number of active treatment hours received per patient per week at Western State Hospital from the fourth quarter FY 2013 average of 15.85 hours to 20.05 by June 30, 2015.

**Action Plan:**

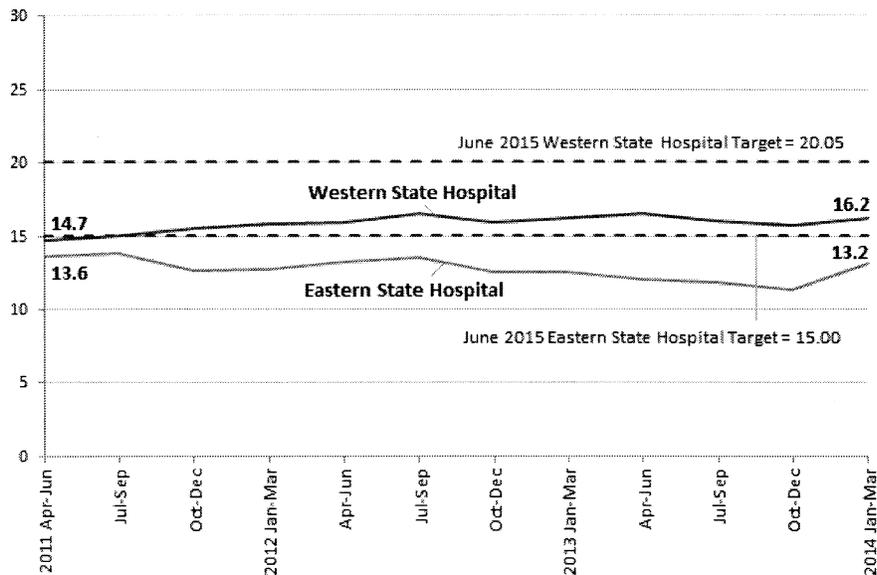
- Continue to assess current treatment programming and revise it as necessary to enhance

participation and meet the needs of patients.

- Improve the documentation of treatment provided outside of the Treatment Malls to account for all treatment activities.
- Identify patients who are not engaged in active treatment. Work with treatment teams to develop a plan to **engage the patient in active treatment that meets the patient’s individual needs.**
- Continue Management Team (both civil and forensic) and supervisor review of weekly active treatment data. Units that fall below goal (20hrs/week/pt) for more than two consecutive weeks will be required to provide a written plan of improvement.
- The Management Team will review, plan with, and support wards that require a written improvement plan.
- Recognize staff who achieve weekly goals with awards and/or low cost incentives.
- Ensure the presence of all disciplines and Management Team members on wards during transport to TRC/Recovery Centers to assist with engaging patients and encouraging them to attend active treatment groups.
- Follow up individually with patients when more than five consecutive groups are missed in order to ascertain the nature of the absence and encourage the patient's to attend.

CHART 1.11 Increase the average number of active treatment hours received per patient per week at Eastern State Hospital from the fourth quarter FY 2013 average of 12.01 to 15.00 hours by June 30, 2015. Increase the number of active treatment hours received per patient per week at Western State Hospital from the fourth quarter FY 2013 average of 15.85 to 20.05 by June 30, 2015

**Rate per 7 patient days**



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**Strategic Objective 1.12:** Improve health care outcomes for individuals with high medical risk factors through implementation of Medicaid health home benefits.

**Importance:** Individuals with high medical risk factors continue to experience poor health outcomes, in many cases because of low engagement in managing their health needs. This results in poor outcomes for the individuals and higher costs to the state. Assisting individuals to self-manage their chronic conditions through the provision of health homes can empower them in taking charge of their health care. Health home services provide intensive care coordination to help individuals with complex health conditions access the care they need.

**Success Measure:** Increase the number of individuals who are engaged in health home services through the establishment of a Health Action Plan. Additional Success Measures will be consistent with performance measures included in the Final Agreement with the federal Centers for Medicare and Medicaid Services (CMS). Some of the performance measures included in the final agreement are:

- Percentage of hospital readmissions.
- Percentage of avoidable emergency room visits by individuals receiving health home services.
- Percentage of beneficiaries with fewer than 30 days between hospital discharge to first follow-up visit.

**Action Plan:**

- Monitor Health Home performance based contracts to meet specified performance measures.
- Offer technical assistance upon request.
- Work closely with providers who are not progressing in meeting their targets.
- Increase the percent of enrolled clients engaged in health home services to 28%.
- Finalize performance measure reporting requirements and benchmarks.
- Begin reporting of outcome measures starting in June 2015.

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**Strategic Objective 1.13:** Improve health outcomes, coordination of care and the individual's experience of care through the HealthPath Washington Integration demonstration project.

**Importance:** Washington is partnering with the Centers for Medicare and Medicaid Services to improve care for individuals receiving both Medicare and Medicaid services. HealthPath Washington is a joint demonstration project between DSHS and the Health Care Authority. The project will test a managed care financial model that integrates the purchase and delivery of Medicare and Medicaid medical, behavioral health, and long term services and supports, through a single health plan for individuals living in King and Snohomish counties. Enrollment will be voluntary and individuals will be able to choose between health plans. Both counties have provided valuable input into the design and will continue to participate in implementation efforts, monitoring and evaluation.

**Success Measure:** Increase the number of individuals receiving coordinated services through Medicare and Medicaid. Performance measures for the demonstration project are under development and are dependent on CMS approval.

**Action Plan:**

- Continue implementation planning with HCA, King and Snohomish counties, along with



stakeholder advisory team.

- Work with CMS to gain final approval for implementation in 2015.
  - Actively monitor implementation, problem solve identified issues and measure outcomes.
  - Fully execute the 3-way contract between CMS, the State and the Health Plans.
  - Provide ongoing beneficiary, stakeholder and staff outreach and training.
- 

**Strategic Objective 1.14:** Increase the number of Tribal Mental Health Programs that have completed the attestation process or made substantial gains towards licensure by December 31, 2014.

**Importance:** Federal law requires that Tribal agencies providing services through federally financed programs, including Medicaid, meet all applicable state standards for licensure. States cannot require Tribal programs to be licensed, but may use attestation as a means to assure that Tribal programs comport with the applicable standards. Implementation of this strategy will put the state and Tribal mental health programs in alignment with federal law.

**Success Measure:** Success will be measured by the number of Tribal programs who complete the attestation process or make substantial progress towards licensure before December 31, 2014.

Substantial progress towards licensure will be defined as submitting the licensure application and the requisite policies and procedures to BHSIA for review and approval.

**Action Plan:**

- BHSIA staff coordinated with the Office of Indian Policy to implement a monthly tracking system effective in April 2014 to monitor the progress of each Tribal mental health program.
  - BHSIA Licensure staff will provide ongoing technical assistance to Tribal mental health programs upon request.
- 

**Strategic Objective 1.15:** Implement managed care behavioral health integration by April 1, 2016. Behavioral Health Organizations (BHO) will deliver integrated mental health and chemical dependency benefits, through county based regions known as regional service areas that will be aligned contractually and geographically with the Health Care Authority Apple Health Medical managed care contracts.

**Importance:** Second Substitute Senate Bill 6312 set the course for implementing integrated mental health and chemical dependency benefits through BHO. Better coordination of care should lead to improved health outcomes.

**Success Measure:** Success will be measured by the execution of contracts with the new Behavioral Health Organizations by April 1, 2016. The Department will track progress toward this goal through the accomplishment of key milestones before April 1, 2016.

**Action Plan:** Complete the actuarial and financial analysis to develop a certified rate for behavioral health services that add chemical dependency treatment to the Medicaid managed care program. Staff will provide fiscal and service utilization data to the actuaries to support rate setting. Decisions around benefit design and provider qualifications for the new regional behavioral health organizations must be made to support rate calculations.



- Complete integrated services contracts that move chemical dependency residential and county outpatient service contracts from state-paid fee-for-service to the category of managed care contracting. BHSIA and the Health Care Authority (HCA) must work closely to coordinate BHO and Apple Health managed care contract language around performance and outcome measures, service area alignment, care coordination across systems and financial incentives to improve performance and outcomes.
- Request Detailed Plans from prospective BHOs for state review. A review process must be established that will outline service and oversight expectations for the BHOs, who must respond with detailed plans outlining the delivery and management of the new contracts.
- Information system improvements – Develop a project to procure a new reporting system, or make necessary improvements to the current systems to support integrated services if funding is unavailable. BHSIA currently operates two distinct and aging data reporting systems for mental health and chemical dependency services in addition to the separate tracking of medical services at HCA. BHSIA will define the data structure and reporting requirements for the new BHOs.
- Define and implement a quality management system for chemical dependency services that will incorporate outcome and performance measure reporting as required under SB 5732/ HB 1519 with managed care mechanisms such as utilization management and performance improvement processes.

**DSHS Goal 2: Safety - Each individual and each community will be safe.**

**Strategic Objective 2.1:** Decrease the number of adults waiting in jail more than seven days for inpatient competency evaluations at Eastern State Hospital and Western State Hospital.

**Importance:** Delays in competency evaluations impede the ability of individuals with mental illness to access adequate mental health treatment and hinders the criminal justice system’s ability to process cases in a timely manner.

**Success Measure:** Decrease the number of adults waiting in jail more than seven days for inpatient competency evaluations at Eastern State Hospital and Western State Hospital from the fourth quarter FY 2013 average of 27 adults each month to 20 by June 30, 2015.

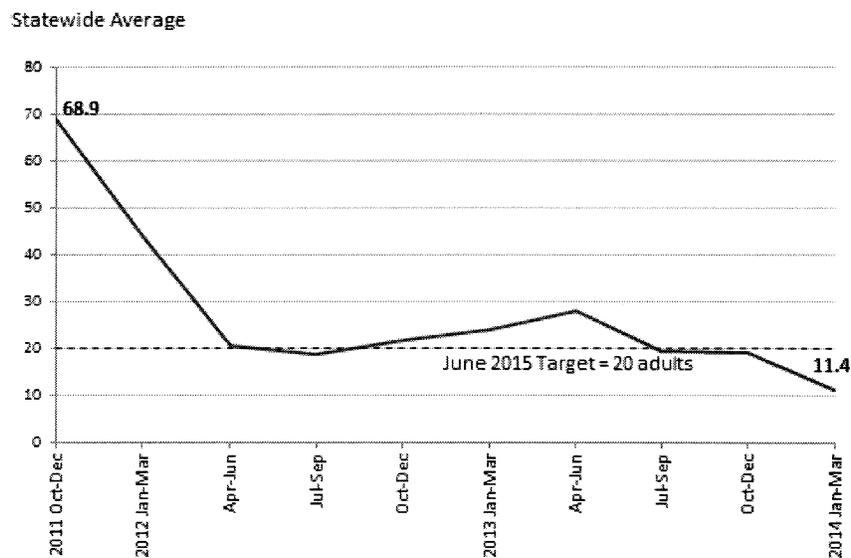
**Action Plan:**

- State hospitals will continue to implement monitoring and use of the Forensic Specific Performance Improvement Plans.
- Ongoing efforts to decrease the forensic inpatient waitlist for competency evaluations include:
- Facilitating a workgroup to discuss implementation of Adult Competency Restoration Pilot Programming in jails or the community, thereby increasing alternatives to competency restoration services provided in the state hospitals.
- Placing forensic evaluator staff positions in areas with high need referral rates.
- Using existing resources (staff psychologists and psychiatrists) for tasks that do not specifically require a forensic evaluator.
- Increasing communication with referring courts about external factors that contribute to the waitlist, such as redundant court referrals, missing or late discovery materials or cases where an

attorney is required to be present at an evaluation, but unavailable within the statutory timeframes.

- Increasing use of evidence based practices for competency restoration.
- Increasing support and structure for the system by which treatment teams refer patients to a forensic evaluator. Standardizing processes for identifying barriers to competency for utilization in treatment planning.
- Increasing recruitment efforts for forensic evaluation staff.

CHART 2.1 Decrease the number of adults waiting in jail more than 7 days for inpatient competency evaluations at Eastern State Hospital and Western State Hospital from the fourth quarter FY 2013 average of 28 adults each month to 20 adults by June 30, 2015



DSHS Goal 4: Quality of Life - Each Individual in need will be supported to attain the highest possible quality of life.

**Strategic Objective 4.1:** Increase rates of employment and earnings for those receiving BHSIA-funded chemical dependency treatment.

**Importance:** Having a behavioral health problem increases the risk of unemployment. Studies indicate that unemployment itself increases the risk for mental health and substance use disorders. Focusing on employment is a strong prevention and intervention strategy.

**Success Measure:** Increase the rate of employment for individuals who receive BHSIA-funded chemical dependency treatment from the first quarter FY 2012 average of 24 percent to 30 percent by June 30, 2015.

**Action Plan:**

- Continue two grant-funded recovery support programs that support employment goals of chemical dependency patients:



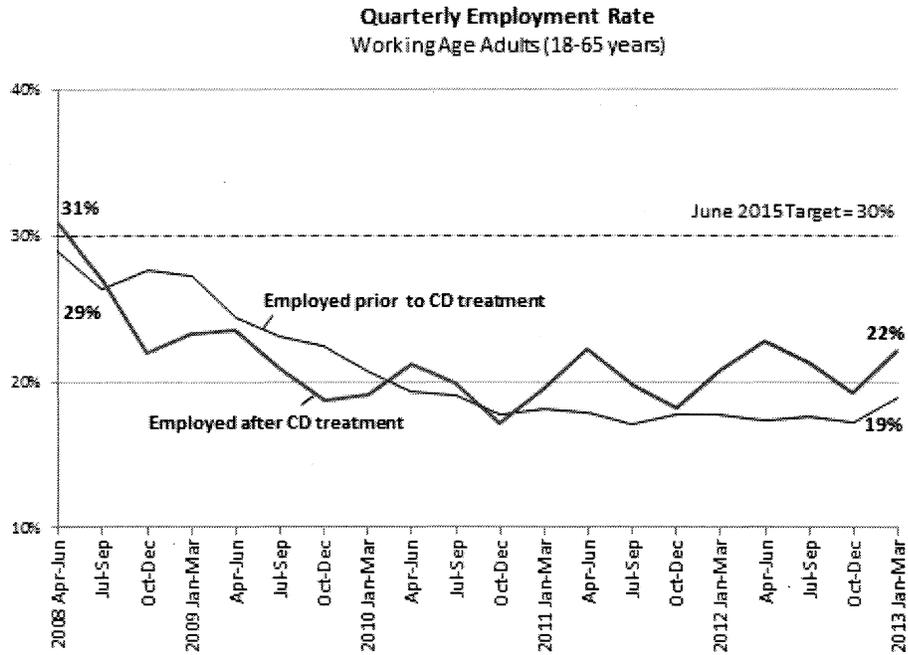
- Access to Recovery (ATR) a Substance Abuse Mental Health Services Administration (SAMHSA) funded program that provides vouchers to clients to purchase recovery support services. Washington State is administering the program in Clark, King, Pierce, Snohomish, Spokane and Yakima Counties, and
  - Recovery Enhancement System (WA CARES) Recovery Support Services – a SAMHSA funded project designed to study the impact of treatment outcomes on chemically dependent clients who receive recovery support services as part of their drug court treatment program.
- Both of these programs include vocational training, resume and interview coaching, clothing for work and transportation assistance to and from the job site.
  - Incorporate vocational strategies into treatment plans in Pregnant and Parenting Women (PPW) programs. This includes adult education/GED preparation, college readiness, job skill assessment, employment plans, resume writing and clothing for work.
  - BHSIA has applied to become an employment network to support Ticket to Work, a free and voluntary Social Security program that helps people who receive disability benefits return to work or work for the first time. With preliminary approval of a combined AL TSA/BHSIA Network application by the Social Security Administration, three pilot sites will be developed in partnership with counties and RSNs for program implementation beginning June 2014.
  - BHSIA will support the Governor’s Disability Employment Task Force priorities in accordance with Executive Order 13-02 to achieve the employment targets for individuals with behavioral health issues established in the executive order.



*“This path as many paths in life can lead you somewhere or may lead you nowhere, but the path I chose. I choose for myself.”*



CHART 4.1 Increase the rate of employment for individuals who receive BHSIA-funded chemical dependency treatment from the first quarter FY 2012 average of 24 percent to 30 percent by June 30, 2015





# **Special Reports**

## **Indirect Cost Allocation to Activities Description**

***DSHS Budget Division***

**Activity Inventory (AI) Indirect Cost Allocation Approach  
Department of Social and Health Services**

**Mental Health Division - Program 030  
2015-17 POLICY LEVEL  
BDS Version A1**

| AI Code  | AI Title  | FY 16          |                      |                             |                    | FY 17          |                      |                             |                    | 2015-17 Total Allocated |
|--|---|----------------|----------------------|-----------------------------|--------------------|----------------|----------------------|-----------------------------|--------------------|-------------------------|
|  |   | FTE            | Funding              | Percent Allocation Received | Indirect Allocated | FTE            | Funding              | Percent Allocation Received | Indirect Allocated |                         |
| C017   | Community Mental Health Prepaid Health Services                           | 17.0           | 506,084,000          | 22.05%                      | 83,787             | 17.0           | 521,048,000          | 20.17%                      | 90,747             | 174,534                 |
| C018   | Mental Health Services - Non Medicaid Recipients                          | 8.5            | 193,714,000          | 11.02%                      | 41,894             | 8.5            | 193,719,000          | 10.08%                      | 45,374             | 87,268                  |
| C063   | Mental Health Facilities Services   | 2,749.8        | 267,977,000          | 2.59%                       | 9,857              | 2,733.1        | 265,703,000          | 2.37%                       | 10,676             | 20,533                  |
| C069   | Other Community Mental Health Services                                    | 2.9            | 23,240,000           | 3.76%                       | 14,293             | 2.9            | 23,702,000           | 3.44%                       | 15,480             | 29,773                  |
| C070   | Mental Health Services - Children's Long-term Treatment Programs (CLIP)   | 1.0            | 6,851,000            | 1.30%                       | 4,929              | 1.0            | 7,323,000            | 1.19%                       | 5,338              | 10,267                  |
| C072   | Mental Health Services - Dangerously Mentally Ill Offender Program (DMIO) | 1.0            | 1,920,000            | 1.30%                       | 4,929              | 1.0            | 1,922,000            | 1.19%                       | 5,338              | 10,267                  |
| C073   | Mental Health Services to Jails - Facilitating Access Services            | 1.0            | 4,686,000            | 1.30%                       | 4,929              | 1.0            | 4,688,000            | 1.19%                       | 5,338              | 10,267                  |
| C093   | Special Projects - Mental Health  | 8.1            | 4,074,000            | 6.49%                       | 24,643             | 8.1            | 4,107,000            | 5.93%                       | 26,690             | 51,333                  |
| C900   | Program Support - Mental Health   | 46.9           | 9,898,000            | 50.19%                      | 190,739            | 45.9           | 9,095,000            | 54.45%                      | 245,019            | 435,758                 |
| <b>TOTAL</b>   |   | <b>2,836.2</b> | <b>1,018,444,000</b> | <b>100.00%</b>              | <b>380,000</b>     | <b>2,818.5</b> | <b>1,031,307,000</b> | <b>100.00%</b>              | <b>450,000</b>     | <b>830,000</b>          |
| <b>Indirect Costs to be prorated across Activities</b> |   |                |                      |                             | <b>380,000</b>     |                |                      |                             | <b>450,000</b>     | <b>830,000</b>          |

**Allocation Method Description:**

Indirect costs are allocated by the number of Headquarter FTEs dedicated to each activity.

**Description of how the Indirect Amount was determined:**

The indirect costs were based on FY14 object E expenditures determined to be an indirect cost which includes, but is not limited to rent, utilities, janitorial, maintenance etc.



# **Special Reports**

## **B9 Revenue Estimate System**

***DSHS Budget Division***

Budget Period: 2015-17

Version: C1 030 2015-17 Final 2-YR LEG Budget

Agency Level

Department of Social and Health Services

Agency Revenue Details

Hide DP Detail

Supporting and Non Supporting Revenue

| CODES      |                               |   | CURRENT BIENNIUM   |                    | ENSUING BIENNIUM                          |                    |                    |                    |
|------------|-------------------------------|---|--------------------|--------------------|---|--------------------|--------------------|--------------------|
| FUND       | SOURCE                        | SOURCE TITLE                                      |                    |                    | MAINTENANCE LEVEL/<br>CARRY FORWARD LEVEL |                    | PERFORMANCE LEVEL  |                    |
|            |                               |   | FY 2014            | FY 2015            | FY 2016                                   | FY 2017            | FY 2016            | FY 2017            |
| <b>001</b> |                               |   |                    |                    |   |                    |                    |                    |
| 001-2      | 0393                          | Depart of Health & Human Serv                     |                    |                    |   |                    |                    |                    |
| 001-2      | 150                           | MH Svs for the Homeless BG (A) (100%) - 150B      | 1,304,000          | 1,304,000          | 1,304,000                                 | 1,304,000          | 1,304,000          | 1,304,000          |
| 001-2      | 767                           | Children's Health Ins Prog (CHIP) - 767H          | 4,085,000          | 4,191,000          | 4,085,000                                 | 4,191,000          | 4,085,000          | 4,191,000          |
| 001-2      | 958                           | Community Mental Health Block Grant (100%) - 958B | 8,520,000          | 8,520,000          | 8,520,000                                 | 8,520,000          | 8,520,000          | 8,520,000          |
| 001-C      | 778                           | Title XIX Assistance (FMAP) - 19TA                | 355,031,000        | 444,718,000        | 453,332,000                               | 452,326,000        | 453,350,000        | 452,343,000        |
| 001-C      | 778                           | Title XIX Admin (75%) - 19UG                      | 1,011,000          | 1,011,000          | 1,011,000                                 | 1,011,000          | 1,011,000          | 1,011,000          |
| 001-C      | 778                           | Title XIX Admin (50%) - 19UL                      | 3,384,000          | 4,802,000          | 9,157,000                                 | 16,756,000         | 9,157,000          | 16,756,000         |
|            | <b>Subtotal Subsource 778</b> |   | <b>359,426,000</b> | <b>450,531,000</b> | <b>463,500,000</b>                        | <b>470,093,000</b> | <b>463,518,000</b> | <b>470,110,000</b> |
|            | <b>Subtotal Source 0393</b>   |   | <b>373,335,000</b> | <b>464,546,000</b> | <b>477,409,000</b>                        | <b>484,108,000</b> | <b>477,427,000</b> | <b>484,125,000</b> |
| 001        | 0416                          | Sale of Property - Other                          |                    |                    |   |                    |                    |                    |
| 001        | 0416                          | State & Misc Revenue                              |                    |                    | 7,000                                     | 7,000              | 7,000              | 7,000              |
|            | <b>Subtotal Source 0416</b>   |   |                    |                    | <b>7,000</b>                              | <b>7,000</b>       | <b>7,000</b>       | <b>7,000</b>       |
| 001        | 0486                          | Recov of Prior Exp Authority Exp                  |                    |                    |   |                    |                    |                    |
| 001        | 0486                          | State & Misc Revenue                              |                    |                    | 56,000                                    | 56,000             | 56,000             | 56,000             |
|            | <b>Subtotal Source 0486</b>   |   |                    |                    | <b>56,000</b>                             | <b>56,000</b>      | <b>56,000</b>      | <b>56,000</b>      |
| 001-7      | 0541                          | Contributions and Grants                          |                    |                    |   |                    |                    |                    |

Budget Period: 2015-17

Version: C1 030 2015-17 Final 2-YR LEG Budget

Department of Social and Health Services

Agency Revenue Details

Hide DP Detail

Agency Level

Supporting and Non Supporting Revenue

| CODES                       |        |                               | CURRENT BIENNIUM   |                    | ENSUING BIENNIUM                          |                    |                    |                    |
|-----------------------------|--------|-------------------------------|--------------------|--------------------|---|--------------------|--------------------|--------------------|
| FUND                        | SOURCE | SOURCE TITLE                  |                    |                    | MAINTENANCE LEVEL/<br>CARRY FORWARD LEVEL |                    | PERFORMANCE LEVEL  |                    |
|                             |        |                               | FY 2014            | FY 2015            | FY 2016                                   | FY 2017            | FY 2016            | FY 2017            |
| 001-7                       | 000    | Contributions & Grants - 5417 | 38,545,000         | 38,665,000         | 39,016,000                                | 39,345,000         | 39,016,000         | 39,345,000         |
| <b>Subtotal Source 0541</b> |        |                               | <b>38,545,000</b>  | <b>38,665,000</b>  | <b>39,016,000</b>                         | <b>39,345,000</b>  | <b>39,016,000</b>  | <b>39,345,000</b>  |
| <b>Total Fund 001</b>       |        |                               | <b>411,880,000</b> | <b>503,211,000</b> | <b>516,488,000</b>                        | <b>523,516,000</b> | <b>516,506,000</b> | <b>523,533,000</b> |
| <b>GRAND TOTAL</b>          |        |                               | <b>411,880,000</b> | <b>503,211,000</b> | <b>516,488,000</b>                        | <b>523,516,000</b> | <b>516,506,000</b> | <b>523,533,000</b> |

# **Special Reports**

## **Federal Funding Estimates**

***DSHS Budget Division***

|        |         |                            |
|--------|---------|----------------------------|
|        | Code    | Title                      |
| AGENCY | 300-030 | DSHS BHSIA - Mental Health |

**2015-17 Federal Funding Estimates Summary**

| CFDA NO.* | Agency                        | Federal Fiscal Year | State Fiscal Year  | State Match Amounts | State Match Source |
|-----------|-------------------------------|---------------------|--------------------|---------------------|--------------------|
|           | <b>BHSIA - Mental Health</b>  |                     |                    |                     |                    |
|           | <b>FY 2014</b>                | <b>396,137,750</b>  | <b>373,335,000</b> | <b>345,729,871</b>  |                    |
|           | <b>FY 2015</b>                | <b>467,766,250</b>  | <b>464,546,000</b> | <b>433,063,128</b>  |                    |
|           | <b>FY 2016</b>                | <b>479,101,500</b>  | <b>477,427,000</b> | <b>442,847,864</b>  |                    |
|           | <b>FY 2017</b>                | <b>484,125,000</b>  | <b>484,125,000</b> | <b>447,815,546</b>  |                    |
| 93.150    | <b>Health &amp; Human Svc</b> |                     |                    |                     |                    |
|           | <b>MH H Path (100%)</b>       |                     |                    |                     |                    |
|           | <b>FY 2014</b>                | <b>1,304,000</b>    | <b>1,304,000</b>   | <b>-</b>            |                    |
|           | <b>FY 2015</b>                | <b>1,304,000</b>    | <b>1,304,000</b>   | <b>-</b>            |                    |
|           | <b>FY 2016</b>                | <b>1,304,000</b>    | <b>1,304,000</b>   | <b>-</b>            |                    |
|           | <b>FY 2017</b>                | <b>1,304,000</b>    | <b>1,304,000</b>   | <b>-</b>            |                    |
| 93.767    | <b>CHIP (CHIP)</b>            |                     |                    |                     |                    |
|           | <b>FY 2014</b>                | <b>4,111,500</b>    | <b>4,085,000</b>   | <b>2,126,983</b>    | <b>001-1</b>       |
|           | <b>FY 2015</b>                | <b>4,164,500</b>    | <b>4,191,000</b>   | <b>2,182,176</b>    | <b>001-1</b>       |
|           | <b>FY 2016</b>                | <b>4,111,500</b>    | <b>4,085,000</b>   | <b>2,118,493</b>    | <b>001-1</b>       |
|           | <b>FY 2017</b>                | <b>4,191,000</b>    | <b>4,191,000</b>   | <b>2,163,814</b>    | <b>001-1</b>       |
| 93.778    | <b>T19 Assist (FMAP)</b>      |                     |                    |                     |                    |
|           | <b>FY 2014</b>                | <b>377,452,750</b>  | <b>355,031,000</b> | <b>339,881,888</b>  | <b>001-1</b>       |
|           | <b>FY 2015</b>                | <b>446,876,000</b>  | <b>444,718,000</b> | <b>425,741,952</b>  | <b>001-1</b>       |
|           | <b>FY 2016</b>                | <b>453,098,250</b>  | <b>453,350,000</b> | <b>431,235,372</b>  | <b>001-1</b>       |
|           | <b>FY 2017</b>                | <b>452,343,000</b>  | <b>452,343,000</b> | <b>428,558,732</b>  | <b>001-1</b>       |
| 93.778    | <b>T19 Admin (75%)</b>        |                     |                    |                     |                    |
|           | <b>FY 2014</b>                | <b>1,011,000</b>    | <b>1,011,000</b>   | <b>337,000</b>      | <b>001-1</b>       |
|           | <b>FY 2015</b>                | <b>1,011,000</b>    | <b>1,011,000</b>   | <b>337,000</b>      | <b>001-1</b>       |
|           | <b>FY 2016</b>                | <b>1,011,000</b>    | <b>1,011,000</b>   | <b>337,000</b>      | <b>001-1</b>       |
|           | <b>FY 2017</b>                | <b>1,011,000</b>    | <b>1,011,000</b>   | <b>337,000</b>      | <b>001-1</b>       |
| 93.778    | <b>T19 Admin (50%)</b>        |                     |                    |                     |                    |
|           | <b>FY 2014</b>                | <b>3,738,500</b>    | <b>3,384,000</b>   | <b>3,384,000</b>    | <b>001-1</b>       |
|           | <b>FY 2015</b>                | <b>5,890,750</b>    | <b>4,802,000</b>   | <b>4,802,000</b>    | <b>001-1</b>       |
|           | <b>FY 2016</b>                | <b>11,056,750</b>   | <b>9,157,000</b>   | <b>9,157,000</b>    | <b>001-1</b>       |
|           | <b>FY 2017</b>                | <b>16,756,000</b>   | <b>16,756,000</b>  | <b>16,756,000</b>   | <b>001-1</b>       |
| 93.958    | <b>Com MH BG (100%)</b>       |                     |                    |                     |                    |
|           | <b>FY 2014</b>                | <b>8,520,000</b>    | <b>8,520,000</b>   | <b>-</b>            |                    |
|           | <b>FY 2015</b>                | <b>8,520,000</b>    | <b>8,520,000</b>   | <b>-</b>            |                    |
|           | <b>FY 2016</b>                | <b>8,520,000</b>    | <b>8,520,000</b>   | <b>-</b>            |                    |
|           | <b>FY 2017</b>                | <b>8,520,000</b>    | <b>8,520,000</b>   | <b>-</b>            |                    |



|        |         |                            |
|--------|---------|----------------------------|
|        | Code    | Title                      |
| AGENCY | 300-030 | DSHS BHSIA - Mental Health |

**PROPOSED 2015-17 Federal Funding Estimates Summary for SSB 5804**

| CFDA NO.* | Agency                                       | A) Federal Fiscal Year | B) State Fiscal Year | C) Federal Funds % of Agency Budget for State FY | D) Federal Grant Projections Under a 5% Reduction from FY 2015 | E) Federal Grant Projections Under a 25% Reduction from FY 2015 | F) Probability Grant Will be Subject to Reduction (1 to 5) | G) Agency Plans to Implement Reduction (Categories 1 to 5) | Comments |
|-----------|--|------------------------|----------------------|--|--|---|--|--|----------|
|           | <b>BHSIA - Mental Health Total</b>           |                        |                      |  |  |   |  |  |          |
|           | FY 2014                                      | 396,137,750            | 373,335,000          | 51.92%   | 9,332,800  | 7,368,000   |  |  |          |
|           | FY 2015                                      | 467,766,250            | 464,546,000          | 51.75%   | 9,332,800  | 7,368,000   |  |  |          |
|           | FY 2016                                      | 479,101,500            | 477,427,000          | 51.88%   | 9,332,800  | 7,368,000   |  |  |          |
|           | FY 2017                                      | 484,125,000            | 484,125,000          | 51.95%   | 9,332,800  | 7,368,000   |  |  |          |
| 93.150    | <b>Health &amp; Human Svc<br/>MH H Path</b>  |                        |                      |  |  |   |  |  |          |
|           | FY 2014                                      | 1,304,000              | 1,304,000            | 100.00%  | 1,238,800  | 978,000   | 3  | 4  |          |
|           | FY 2015                                      | 1,304,000              | 1,304,000            | 100.00%  | 1,238,800  | 978,000   | 3  | 4  |          |
|           | FY 2016                                      | 1,304,000              | 1,304,000            | 100.00%  | 1,238,800  | 978,000   | 3  | 4  |          |
|           | FY 2017                                      | 1,304,000              | 1,304,000            | 100.00%  | 1,238,800  | 978,000   | 3  | 4  |          |
| 93.767    | <b>CHIP</b>                                  |                        |                      |  |  |   |  |  |          |
|           | FY 2014                                      | 4,111,500              | 4,085,000            | 65.76%   | -  | -   | 1  |  |          |
|           | FY 2015                                      | 4,164,500              | 4,191,000            | 65.76%   | -  | -   | 1  |  |          |
|           | FY 2016                                      | 4,111,500              | 4,085,000            | 65.85%   | -  | -   | 1  |  |          |
|           | FY 2017                                      | 4,191,000              | 4,191,000            | 65.95%   | -  | -   | 1  |  |          |
| 93.778    | <b>Health &amp; Human Svc<br/>T19 Assist</b> |                        |                      |  |  |   |  |  |          |
|           | FY 2014                                      | 382,202,250            | 359,426,000          | 51.13%   | -  | -   | 1  |  |          |
|           | FY 2015                                      | 453,777,750            | 450,531,000          | 51.11%   | -  | -   | 1  |  |          |
|           | FY 2016                                      | 465,166,000            | 463,518,000          | 51.26%   | -  | -   | 1  |  |          |
|           | FY 2017                                      | 470,110,000            | 470,110,000          | 51.34%   | -  | -   | 1  |  |          |
| 93.958    | <b>Com MH BG</b>                             |                        |                      |  |  |   |  |  |          |
|           | FY 2014                                      | 8,520,000              | 8,520,000            | 100.00%  | 8,094,000  | 6,390,000   | 3  | 4  |          |
|           | FY 2015                                      | 8,520,000              | 8,520,000            | 100.00%  | 8,094,000  | 6,390,000   | 3  | 4  |          |
|           | FY 2016                                      | 8,520,000              | 8,520,000            | 100.00%  | 8,094,000  | 6,390,000   | 3  | 4  |          |
|           | FY 2017                                      | 8,520,000              | 8,520,000            | 100.00%  | 8,094,000  | 6,390,000   | 3  | 4  |          |



# **Special Reports**

## **B10 Non-Budgeted Local Fund Summary**

***DSHS Budget Division***

|                |                            |   |
|----------------|----------------------------|---|
|                | <b>Code</b>                | <b>Title</b>                                      |
| <b>AGENCY</b>  | <b>300</b>                 | <b>Department of Social &amp; Health Services</b> |
| <b>PROGRAM</b> | <b>Mental Health - 030</b> |   |

**NON-BUDGETED LOCAL FUND SUMMARY**

**DATE: 9-10-2014**

| <b>FUND CODE</b> | <b>FUND NAME</b>                                | <b>DESCRIPTION</b>   | <b>AUTHORITY</b> |
|------------------|---|--|------------------|
| 512              | Institutional Stores Account                    | Combines stores funds in the custody of various state institutions managed by the Department of Social and Health Services, Department of Corrections, or the Department of Veterans Affairs.  | RCW 43.88.195    |
| 651              | Institutional Resident's Deposit Account        | Combines the funds held by each institution operated by the Department. The fund holds individual client deposits for their personal use.  | RCW 43.88.195    |
| 752              | Intstitutional Clearing and Transmittal Account | Local clearing fund administered by each agency. It accounts for monies received that need to be transferred to the state treasury such as interest on bank accounts, medical insurance reimbursements, etc.   | RCW 43.88.195    |
| 800              | Institutional Welfare and Betterment Account    | A roll-up of institutional local funds maintained by the Department of Social and Health Services, Corrections, Veterans Affairs, the School for the Blind, and the Center for Childhood Deafness and Hearing Loss. Used for various inmate, client, patient welfare, and betterment activities. | RCW 43.88.195    |

|               |                |                               |
|---------------|----------------|-------------------------------|
|               | <b>Code</b>    | <b>Title</b>                  |
| <b>AGENCY</b> | <b>300-030</b> | <b>Eastern State Hospital</b> |

Date: 9-10-2014

| <b>FUND CODE</b> | <b>FUND NAME</b>                               | <b>7/1/13 FUND BALANCE*</b> | <b>6/30/15 ESTIMATED FUND BALANCE</b> | <b>2015-17 ESTIMATE REVENUES</b> | <b>2015-17 ESTIMATED EXPENDITURES</b> | <b>2015-17 ESTIMATED FUND BALANCE</b> |
|------------------|--|-----------------------------|---------------------------------------|----------------------------------|---------------------------------------|---------------------------------------|
| 512              | Institutional Stores Account                   | \$18,237                    | \$20,000                              | \$265,000                        | \$260,000                             | \$25,000                              |
| 651              | Institutional Resident's Deposit Account       | \$67,779                    | \$150,000                             | \$1,008,000                      | \$1,111,110                           | \$46,890                              |
| 752              | Institutional Clearing and Transmittal Account | \$0                         | \$0                                   | \$18,460,000                     | \$18,460,000                          | \$0                                   |
| 800              | Institutional Welfare and Betterment Account   | \$63,069                    | \$50,000                              | \$144,700                        | \$162,200                             | \$32,500                              |
|                  |  |                             |                                       |                                  |                                       |                                       |
|                  |  |                             |                                       |                                  |                                       |                                       |
|                  |  |                             |                                       |                                  |                                       |                                       |
|                  |  |                             |                                       |                                  |                                       |                                       |
|                  |  |                             |                                       |                                  |                                       |                                       |

\* This column must agree with the 6/30/13 CAFR balance.

|               |                |                               |
|---------------|----------------|-------------------------------|
|               | <b>Code</b>    | <b>Title</b>                  |
| <b>AGENCY</b> | <b>300-030</b> | <b>Western State Hospital</b> |

Date: 9-10-2014

| <b>FUND CODE</b> | <b>FUND NAME</b>                             | <b>7/1/13 FUND BALANCE*</b> | <b>6/30/15 ESTIMATED FUND BALANCE</b> | <b>2015-17 ESTIMATE REVENUES</b> | <b>2015-17 ESTIMATED EXPENDITURES</b> | <b>2015-17 ESTIMATED FUND BALANCE</b> |
|------------------|--|-----------------------------|---------------------------------------|----------------------------------|---------------------------------------|---------------------------------------|
| 512              | Institutional Stores Account                 | \$19,542                    | \$12,365                              | \$0                              | \$0                                   | \$12,365                              |
| 800              | Institutional Welfare and Betterment Account | \$481,554                   | \$450,000                             | \$475,000                        | \$500,000                             | \$425,000                             |
|                  |  |                             |                                       |                                  |                                       |                                       |
|                  |  |                             |                                       |                                  |                                       |                                       |
|                  |  |                             |                                       |                                  |                                       |                                       |
|                  |  |                             |                                       |                                  |                                       |                                       |

\* This column must agree with the 6/30/13 CAFR balance.

|               |                |              |
|---------------|----------------|--------------|
|               | <b>Code</b>    | <b>Title</b> |
| <b>AGENCY</b> | <b>300-030</b> | <b>CSTC</b>  |

**Date: 9-10-2014**

| <b>FUND CODE</b> | <b>FUND NAME</b>                             | <b>7/1/13 FUND BALANCE*</b> | <b>6/30/15 ESTIMATED FUND BALANCE</b> | <b>2015-17 ESTIMATE REVENUES</b> | <b>2015-17 ESTIMATED EXPENDITURES</b> | <b>2015-17 ESTIMATED FUND BALANCE</b> |
|------------------|--|-----------------------------|---------------------------------------|----------------------------------|---------------------------------------|---------------------------------------|
| 800              | Institutional Welfare and Betterment Account | \$81,793                    | \$90,000                              | \$7,500                          | \$6,500                               | \$91,000                              |
|                  |  |                             |                                       |                                  |                                       |                                       |
|                  |  |                             |                                       |                                  |                                       |                                       |
|                  |  |                             |                                       |                                  |                                       |                                       |
|                  |  |                             |                                       |                                  |                                       |                                       |

\* This column must agree with the 6/30/13 CAFR balance.

# **Special Reports**

## **JLARC Audit Responses**

***DSHS Budget Division***

## Competency to Stand Trial, Phase II

Report 14-01

April 23, 2014



STATE OF WASHINGTON

JOINT LEGISLATIVE AUDIT  
AND REVIEW COMMITTEE

### STUDY TEAM

Elisabeth Donner  
Zane Potter  
Eric Thomas  
Sarah Unbehau

### PROJECT SUPERVISOR

Valerie Whitener

### LEGISLATIVE AUDITOR

Keenan Konopaski

Copies of Final Reports and Digests  
are available on the JLARC website  
at:

[www.jlarc.leg.wa.gov](http://www.jlarc.leg.wa.gov)

or contact

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## REPORT SUMMARY

### DSHS Provides Services Related to Defendants' Competency to Stand Trial

Federal and state policies are intended to prevent the prosecution of defendants who are not mentally competent to stand trial. If a defendant's competency is raised as an issue in a criminal or civil case, the court suspends the trial so that the defendant's competency can be evaluated.

Competency evaluations are usually performed by psychologists from the Department of Social and Health Service's (DSHS) Western State Hospital or Eastern State Hospital. The initial evaluations can take place in a local jail, at one of the hospitals, or in a community setting such as an attorney's office.

Following this initial evaluation, a court may find that a defendant is not competent to stand trial and may direct that the defendant be admitted to one of the hospitals for competency restoration. Restoration involves services, such as medication management, that attempt to restore the defendant to competency to resume the trial. Once the treatment team believes competency has been restored, the defendant receives a follow-up evaluation.

If the defendant needs to be admitted to one of the hospitals for an evaluation or for competency restoration services, the defendant may have to wait for a hospital bed to become available.

### 2012 Legislature Set New Targets to Expedite the Competency Evaluation Process

DSHS reports that the number of referrals for competency evaluations has increased over time to approximately 3,000 initial referrals in 2012. This increase has raised concerns about the amount of time defendants spend waiting in jail or in the community for an evaluation.

In 2012, the Legislature passed a bill intended to sustainably improve the timeliness of services related to competency to stand trial (SSB 6492). The Legislature set the following specific targets for the completion of outpatient competency evaluations and admission to the state hospitals:

- In jail setting, completion within 7 days;
- In community setting, completion within 21 days; and
- Defendants' admission to state hospitals within 7 days for an initial evaluation or restoration.

The legislation also directed the Joint Legislative Audit and Review Committee (JLARC) to complete two performance assessments of DSHS's implementation of the bill. JLARC released the Phase One report in December 2012, which addressed DSHS's plans for meeting the requirements in SSB 6492. This report is the second of the two reviews and focuses on results.

## **DSHS Is Not Meeting the Targets for Competency Services**

DSHS is not consistently meeting the performance targets for competency services, as intended by statute. DSHS is also not consistently meeting its assumed evaluator staffing and productivity levels. In response to the 2012 JLARC audit, the agency developed a plan to meet the 2012 legislative requirements, but DSHS has not completed implementation of the plan. The agency has also struggled to provide accurate and timely performance information.

## **Analysis of Existing Data Can Help DSHS Determine the Best Strategies for Reaching the Targets**

DSHS has not completed the basic planning and analysis necessary to identify the best approach to meet the targets. This report identifies the kinds of analyses the agency can undertake to help identify the best path forward. These analyses can identify and address internal capacity and workforce issues, external factors, and strategy effectiveness. In several instances, JLARC staff are providing the initial analysis to aid in the process. One key analysis that needs to be completed is to compare the current service delivery approach to other options.

## **No Mechanism Ensures a Defendant's Movement through the Competency Process in a Timely Manner**

JLARC's December 2012 report pointed out that the competency to stand trial process involves more parties than the state psychiatric hospitals. In Phase Two, JLARC staff reviewed court and hospital data to provide a more complete picture of defendants' experiences. We identified impacts other parties have on the competency process, the varied responses of Washington counties to address their own concerns with the process, actions other states have taken to improve the timeliness of the competency process and recommended best practices from the National Judicial College (NJC).

## **Legislative Auditor Recommendations**

The Legislative Auditor makes five recommendations. Three recommendations are intended to help DSHS meet statutory requirements and accurately assess and effectively manage its resources. Two recommendations are intended to improve coordination and communication among system partners to improve the delivery and efficiency of competency services.

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|----------|--|
| <b>1</b> | Improve performance reporting  |
| <b>2</b> | Develop and implement a service delivery approach and staffing model to meet the targets |
| <b>3</b> | Address non-compliance with statutory requirements                                       |
| <b>4</b> | Improve collaboration between key system partners  |
| <b>5</b> | Establish ongoing training   |



STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
Behavioral Health and Service Integration Administration  
PO Box 45050, Olympia, WA 98504-5050

March 31, 2014

Keenan Konopaski  
1300 Quince Street South East  
P.O. Box 40910  
Olympia, WA 98504-0910

Mr. Konopaski,

As requested in your correspondence dated March 18, 2014, the Behavioral Health and Service Integration Administration (BHSIA) respectfully submits our formal response to JLARC's "*Competency to Stand Trial, Phase II: DSHS Has Not Met Performance Targets – Better Management and Analysis Could Help It Do So*" report. We appreciate your identification of five recommendations that could potentially improve implementation of changes in RCW 10.77 that resulted from passage of SB 6492.

The forensic evaluators face ever-increasing referrals for pre-trial evaluation services. As noted in your report, there is a general trend of increasing demands for competency evaluation and competency restoration services. We want to take this opportunity to voice our appreciation to these staff. The forensic evaluators have, as a group, continued to show their professionalism and dedication to providing forensic evaluation services. They continue, despite demands on their time, to produce high quality work. We want to commend them for these efforts, and thank them for their commitment to transforming the lives of the people we serve. In addition, each of the state hospitals has a new CEO – Ron Adler at Western State Hospital (WSH) and Dorothy Sawyer at Eastern State Hospital (ESH), who are engaged in extensive efforts to improve the safety of patients and staff, as well as the quality of care provided in both the civil and forensic wards at the hospitals.

We are all fully committed to the goal of reducing the amount of time that individuals spend in jail awaiting competency evaluation or restoration services. In regards to the five recommendations, you will see that we concur or partially concur on all, and are amenable to implementing the recommendations in the report. We remain dedicated to using the correct mix and expertise of staff to make the system more efficient, recognizing additional resources will be needed to meet JLARC's and the legislature's expectations. We offer the following information, which contextualizes our need for additional funding to accomplish the recommendations:

- During the period of state fiscal challenges between 2008-2012, both state hospitals lost many systemic supports such as forensic specific center and clinical director positions and various administrative staff, who, together assured the system functioned well. Lack

of coordination and control at the center/unit level in the last few years has led to delays in a number of support functions, including scheduling for forensic evaluators, psychological test scoring, test materials acquisition and assignment, and related clinical oversight functions.

- We completed a Lean Value Stream Mapping workshop at WSH focused on streamlining the admissions process for the Center for Forensic Services. This produced promising results, and we are anticipating this to decrease the time it takes to admit a patient by nearly 70 percent.
- We are committed to continuing to explore opportunities to improve efficiency, such as the example above, but our referral and waitlist data indicate that we need two additional forensic wards (one at ESH and one at WSH), with a third ward as a possibility.
  - The state hospital forensic bed capacity has remained largely unchanged over the past ten years. Competing bed demands for competency restoration patients, inpatient competency evaluation and not guilty by reason of insanity (NGRI) patients have led to wait lists for admission to the state hospital.
    - While roughly 90 percent of competency evaluation orders call for in-jail or in-community evaluations, between 30 – 40 percent of all competency evaluations result in the need for in-hospital competency restoration treatment.
    - With the state hospitals currently being to only location for competency restoration services, even after we have proper evaluator staffing levels to complete the initial competency evaluation, we will not have a complete solution to the waiting list. When the initial competency evaluation wait list is reduced, this in turn increases the wait list for admission to the state hospitals for competency restoration treatment.
    - We continue to have discussions with stakeholders on development of an outpatient competency restoration pilot program. This pilot would create alternative locations for these services.
- We are currently working with a forensic consulting group who will be issuing a report to DSHS in July 2014, with a final report due to the legislature on August 1, 2014. The consultants will provide DSHS with recommendations on how to improve the delivery and effectiveness of Washington State's forensic mental health system. The report will specifically include recommendations on the following:
  - Forensic mental health system redesign;
  - Increasing collaboration between DSHS, the judicial system, local law enforcement, the Department of Corrections, and community mental health;
  - Community resources for forensic mental health services;
  - Best practices for the delivery of forensic mental health services;
  - Timeframes for the delivery of forensic mental health services;
  - Forensic evaluation services (including but not limited to the referral process from the courts for competency, sanity and diminished capacity evaluations, and the methods for completing forensic evaluations);

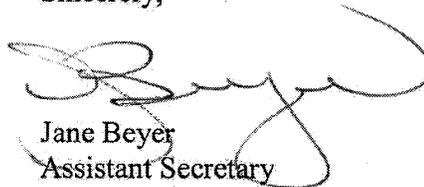
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March 31, 2014  
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- Alternative locations to the current State Hospital system;
- Evidence based competency restoration treatment programs; and
- The appropriateness of creation of a statewide Office of Forensic Mental Health Services.

We will be evaluating the consultants' recommendations and taking steps towards implementing recommendations that can be accomplished within current resources; nevertheless, these recommendations could potentially result in requested statutory or policy changes by the legislature in 2015.

We appreciate the work your staff have done throughout this audit and their ongoing willingness to work closely with us in preparation of the report. Thank you, as well, for your clear recognition from the beginning, that the forensic behavioral health system requires attention and resources to operate efficiently. If you have any questions or concerns, please contact Keri Waterland by telephone at 360-725-2265 or via email at [keri.waterland@dshs.wa.gov](mailto:keri.waterland@dshs.wa.gov).

Sincerely,



Jane Beyer  
Assistant Secretary

cc: Valerie Whitener, Audit Coordinator, JLARC  
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| RECOMMENDATION   | AGENCY POSITION         | COMMENTS   |
|--|-------------------------|--|
| <p><b>Recommendation Number 1</b></p> <p>The Behavioral Health and Service Integration Administration (BHSIA) should provide accurate, consistent, and timely reporting on the number of defendants referred for competency evaluations, the number of evaluations completed, the timeliness of completing those evaluations, and timeliness in admitting defendants to the hospitals.</p> | <p>Partially Concur</p> | <p>While we concur with the overall recommendation, we do not believe that the implementation date of June 30, 2014 is feasible. We further do not agree that this recommendation can be accomplished within current resources, and offer the following:</p> <p>DSHS will need 2.0 FTEs to implement this recommendation. Both positions will be a WMS Band 2 based out of BHSIA headquarters (HQ). We believe that by siting these resources at HQ, we can ensure that the observed differences noted in Appendix 3 are addressed. We also believe that these positions will support efforts aimed at rectifying the inconsistent practices outlined in Exhibit 10. Each state hospitals data collections system is antiquated. Neither possesses the ability to communicate data in one uniform manner, nor are they able to share data between ESH and WSH. Without the benefit of a sophisticated data analysis system, the staff who are dedicated to collecting data have done wonders. However, the type of reporting both the hospital staff, DSHS and JLARC would like to see will require both the development of a more sophisticated data system and dedicated staffing.</p> <ul style="list-style-type: none"> <li>• One position will be focused on collecting and analyzing data from all three state hospitals so that it can be presented in a uniform manner. This position will ensure consistency between the state hospitals' data collection and analysis. This position will be accountable for the consistency and accuracy of all data for legislative reports, legislative requests, and will create uniform databases specific to required forensic data collection.</li> <li>• The second position will be focused on creating, drafting and reviewing policies and procedures from all state hospitals so that forensic specific policies and practices are uniform, including forensic evaluation and competency restoration policies and protocols. This position also will be involved in creating and implementing consistent peer review processes for forensic evaluations.</li> </ul> <p><b>The annual cost of the first FTE including salary benefits is \$120,873 total funds; \$78,567 GF-S.</b></p> <p><b>The annual cost of the second FTE including salary benefits is \$116,611 total funds; \$75,797 GF-S.</b></p> |

| RECOMMENDATION  | AGENCY POSITION | COMMENTS  |
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| <p><b>Recommendation Number 2</b><br/>After collecting and analyzing descriptive data about its current operations, the Department of Social and Health Services (DSHS) should hire an independent, external consultant to develop 1) a service delivery approach that enables the Behavioral Health and Service Integration Administration (BHSIA) to meet the statutory targets, and 2) a staffing model to implement the new approach.</p> | <p>Concur</p>   | <p>While we concur with the recommendation, we estimate the cost to be less than JLARC's original estimate.</p> <p>During the 2013 legislative session, in 2SSB 5732, the legislature focused on improving the delivery of mental health services in Washington State. Funding for a forensic consultant was provided to develop recommendations as to how the state's forensic mental health system should be modified and improved.</p> <p>DSHS is currently working with a contracted forensic consultant group, who is reviewing the current delivery system of forensic mental health services in Washington state, and will be providing recommendations as to whether and how the state's forensic mental health system should be modified.</p> <p>On August 1, 2014, DSHS must submit a report regarding the recommendations of the independent consultant to the governor and the relevant fiscal and policy committees of the legislature.</p> <p>We anticipate that the second consultation included in the JLARC recommendations can build upon the recommendations of the forensic consulting group and will focus on providing detailed service delivery approaches and staffing models needed for implementation of the recommendations.</p> <p><b>It is estimated that the cost of the consultant could range from \$100,000 to \$120,000 total funds; \$65,000 to \$78,000 GF-S.</b></p> |

| RECOMMENDATION   | AGENCY POSITION         | COMMENTS  |
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| <p><b>Recommendation Number 3</b><br/>The Behavioral Health and Service Integration Administration (BHSIA) should take actions to comply with additional statutory requirements from SSB 6492.</p> | <p>Partially Concur</p> | <p>While we concur with the overall recommendation, we do not believe that the implementation date prior to the 2015 legislative session is feasible. We do not agree that this recommendation can be done within current resources, and offer the following:</p> <p>Given current waitlist numbers and increasing referral trends, DSHS will need funding to create 3.0 additional FTE forensic evaluator positions. We are evaluating current forensic psychologist recruitment and retention challenges in the context of upcoming collective bargaining for the 2015-17 biennium. Our discussions with the Washington Federation of State Employees will begin in April.</p> <p>We have identified sufficient referral patterns that may support out-stationing state forensic evaluators in regions (e.g. southwest, central) in addition the two adult state hospitals. Out-stationing may decrease time spent on non- direct client care activities. Factors such as office space, supervision and organizational structure will need to be considered when evaluating out-stationing.</p> <ul style="list-style-type: none"> <li>• <b>WSH</b> - Assuming that one evaluator will complete 11 evaluations per month, with approximately 4 weeks of vacation, sick leave, testimony etc. being taken into account, each FTE can produce approximately 121 evaluations per year. In order to meet waitlist demands and statutory requirements, WSH should have 2.0 additional FTE forensic evaluators to support efforts in meeting statutory timeframes.</li> <li>• <b>ESH</b> - Given the increase in travel demands on the eastside of the state, we assume that one evaluator will complete 9 evaluations per month. With approximately 4 weeks of vacation, sick leave, testimony etc. being taken into account, each FTE can produce approximately 99 evaluations per year. Given that there is one (1) vacancy, and ESH is currently staffed at a level that lends itself to increases in the waitlist, ESH should enhance recruitment efforts for this vacant position and should have an additional 1.0 FTE forensic evaluator to support efforts in meeting statutory timeframes.</li> </ul> <p><b>The annual cost of three additional forensic evaluators including salary benefits will be approximately \$336,000 GF-S.</b></p> |

| RECOMMENDATION   | AGENCY POSITION         | COMMENTS  |
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| <p><b>Recommendation Number 4</b><br/>                     The Behavioral Health and Service Integration Administration (BHSIA), its primary judicial system partners, including the Administrative Office of the Courts, and other stakeholders should meet to develop an approach to assure collaboration and communication among the partners.</p> <p style="text-align: center;"><i>AND</i></p> <p><b>Recommendation Number 5</b><br/>                     The Behavioral Health and Service Integration Administration (BHSIA) should work with its judicial system partners, including the Administrative Office of the Courts and other stakeholders, to develop training specific to their professions, as well as training material appropriate for cross training.</p> | <p>Partially Concur</p> | <p>While we concur with the overall recommendations, we do not believe that recommendations 4 or 5 are feasible by December 30, 2014. We currently have only one position at HQ that is devoted to all forensic- specific issues. While some of these duties are currently being performed by this position, further outreach and training is not realistic without additional funding for this purpose.</p> <p>Our new state hospital CEO's have engaged in extensive community outreach in their first year on the job. They are dedicated to meeting with the Regional Support Networks and community treatment providers, and have been doing a great deal of outreach to the outlying communities and media regarding behavioral health.</p> <p>We are currently engaged in outreach, training, and stakeholder discussions, and will continue to do this within existing resources. We have several meetings beginning in April focused on discussion with county and municipal courts related to the current process for in-jail evaluations and reviewing how court orders can be improved. We have interim meetings set up to discuss potential request legislation for an alternative location pilot for competency restoration services. Finally, we have focused dedicated resources to support our state hospitals at the HQ level. We realize that there is still work to do, and believe that dedicated stakeholder outreach efforts will improve patient care greatly. Therefore, we offer the following:</p> <p>A WMS Band 2 position should be created to focus on the tasks associated with recommendations 4 and 5. This position will facilitate meetings and develop ongoing collaborative approaches specific to the forensic operations of the three state hospitals. This position will also be tasked with developing and providing internal and external training specific to forensics.</p> <p><b>The annual cost of 1.0 FTE including salary and benefits is \$129,977 total funds; \$84,485 GF-S.</b></p> |

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