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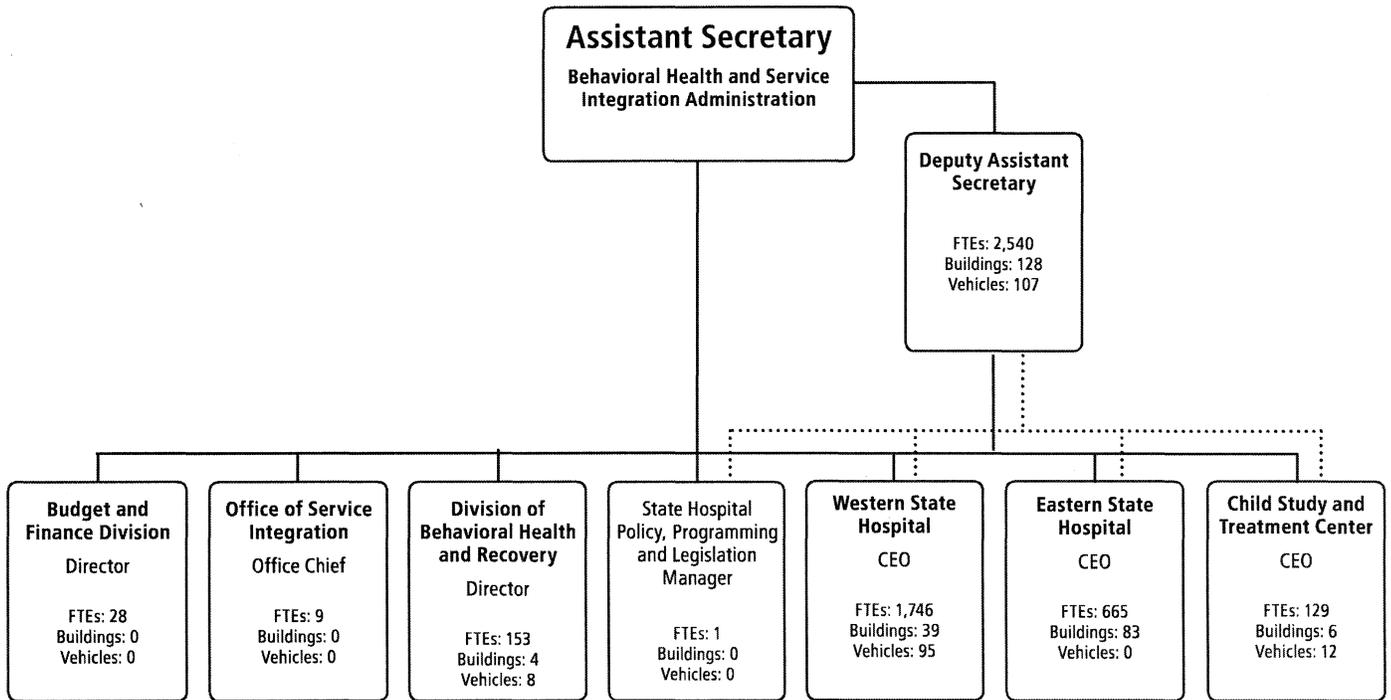
**BHSIA -
Alcohol and
Substance Abuse
Program 070**

DSHS Budget Division

**070 – Section 1
Organization Chart**

Department of Social and Health Services

Behavioral Health and Service Integration Administration



Recommendation Summary

Budget Period: 2015-17
 Budget Level Criteria: ALL

Version: G1 - 070 2015-17 Final 2-YR LEG Budget

Dollars in Thousands	Agency Priority	Annual Avg FTEs	General Fund State	Other Funds	Total Funds	
CB - Current Biennium						
00	Current Biennium Base	0	72.3	137,793	312,602	450,395
01	Corrections to CB Base	0	0.0	0	0	0
	SubTotal CB		72.3	137,793	312,602	450,395
	Cumulative Total Thru CB		72.3	137,793	312,602	450,395
CL - Carry Forward Level						
02	Carry Forward Adjustments	0	0.0	(9,785)	38,135	28,350
	SubTotal CL		0.0	(9,785)	38,135	28,350
	Cumulative Total Thru CL		72.3	128,008	350,737	478,745
M1 - Mandatory Caseload and Enrollment Changes						
90	Maintenance Level Revenue	0	0.0	0	0	0
	SubTotal M1		0.0	0	0	0
	Cumulative Total Thru M1		72.3	128,008	350,737	478,745
M2 - Inflation and Other Rate Changes						
70	Lcl. Auth. Medicaid Elig. Services	0	0.0	0	2,200	2,200
72	Initiative 502	0	4.0	0	19,769	19,769
73	Behavioral Health Service Data	0	2.0	703	0	703
74	Federal Authority BRIDGES Grant	0	0.0	0	890	890
75	Federal Authority PFS Grant	0	0.0	0	5,145	5,145
76	6312 (2014 Session) Implementation	0	0.0	0	0	0
8L	Lease Rate Adjustments	0	0.0	(109)	(25)	(134)
9G	Workers Comp Base Correction	0	0.0	6	2	8
9T	Transfers	0	0.0	(8)	2	(6)
	SubTotal M2		6.0	592	27,983	28,575
	Cumulative Total Thru M2		78.3	128,600	378,720	507,320
PL - Performance Level						
E0	FAS Satellite Evaluation Sites	0	0.0	(200)	0	(200)
E1	FAS Evaluation Training	0	0.0	(708)	0	(708)
E2	Family Hardship	0	0.0	(160)	0	(160)
E3	Repeat DUI Offender Services	0	0.0	(42)	0	(42)
E5	Parent Trust	0	0.0	(200)	0	(200)
E7	Safe Babies Safe Moms	0	0.0	(1,790)	(1,426)	(3,216)
E9	CD ITA Contracts	0	0.0	(12,880)	0	(12,880)
EA	Parent Child Assistance Program	0	0.0	(4,342)	(2,752)	(7,094)
R3	Address Interim CD Medicaid Rates	0	0.0	6,938	25,222	32,160
R4	Parent Child Assistance Program	0	0.0	4,342	2,752	7,094
R5	CD ITA Contracts	0	0.0	12,880	0	12,880
R7	Safe Babies Safe Moms	0	0.0	1,790	1,426	3,216
R9	Parent Trust	0	0.0	200	0	200
RB	Repeat DUI Offender Services	0	0.0	42	0	42
RC	Family Hardship	0	0.0	160	0	160
RD	FAS Evaluation Training	0	0.0	708	0	708
RE	FAS Satellite Evaluation Sites	0	0.0	200	0	200
	SubTotal PL		0.0	6,938	25,222	32,160

Recommendation Summary

Budget Period:2015-17
Budget Level Criteria: ALL

Version: G1 - 070 2015-17 Final 2-YR LEG Budget

Dollars in Thousands	Agency Priority	Annual Avg FTEs	General Fund State	Other Funds	Total Funds
	Cumulative Total Thru PL	78.3	135,538	403,942	539,480
Total Proposed Budget		78.3	135,538	403,942	539,480

Recommendation Summary

Version: G1 - 070 2015-17 Final 2-YR LEG Budget

Budget Period:2015-17
 Budget Level Criteria: M1+M2

Dollars in Thousands	Agency Priority	Annual Avg FTEs	General Fund State	Other Funds	Total Funds
M1 - Mandatory Caseload and Enrollment Changes					
90	Maintenance Level Revenue	0	0.0	0	0
SubTotal M1		0.0	0	0	0
M2 - Inflation and Other Rate Changes					
70	Lcl. Auth. Medicaid Elig. Services	0	0.0	0	2,200
72	Initiative 502	0	4.0	0	19,769
73	Behavioral Health Service Data	0	2.0	703	0
74	Federal Authority BRIDGES Grant	0	0.0	0	890
75	Federal Authority PFS Grant	0	0.0	0	5,145
76	6312 (2014 Session) Implementation	0	0.0	0	0
8L	Lease Rate Adjustments	0	0.0	(109)	(25)
9G	Workers Comp Base Correction	0	0.0	6	2
9T	Transfers	0	0.0	(8)	2
SubTotal M2		6.0	592	27,983	28,575
Total Proposed M1+M2 Budget		6.0	592	27,983	28,575

Department of Social and Health Services

DP Code/Title: M2-70 Lcl. Auth. Medicaid Elig. Services

Program Level - 070 BHSIA-Alcohol & Substance Abuse

Budget Period: 2015-17 Version: G1 070 2015-17 Final 2-YR LEG Budget

Recommendation Summary Text:

The Behavioral Health and Service Integration Administration (BHSIA) requests local authority in order to allow county governments to utilize local sales tax dollars for Medicaid match to provide essential chemical dependency/substance use disorder services in their service areas. By funding this request, BHSIA is expected to continue having essential services available statewide for Medicaid individuals.

Fiscal Detail:

Operating Expenditures

	FY 1	FY 2	Total
Overall Funding			
001-7 General Fund - Basic Account-Private/Local	550,000	550,000	1,100,000
001-C General Fund - Basic Account-Medicaid Federal	550,000	550,000	1,100,000
Total Cost	1,100,000	1,100,000	2,200,000

Staffing

Package Description:

Problem Statement:

In an effort to expand local chemical dependency/substance use disorder programs, the Association of County Human Services (ACHS) has requested permission to use local sales tax as a match for Medicaid Treatment Services. In order to do this, the Department of Social and Health Services (DSHS) needs local spending authority. This opportunity gives additional flexibility to the counties to provide services to an increased number of Medicaid individuals as well as increase provider capacity. If this request is not granted, the state will need to provide the GF-State matching funds to ensure all Medicaid patients are served. As Medicaid enrollment continues to increase, the use of local revenue to match Medicaid will help reduce the demand for additional state funding needed to match Medicaid funds. Currently, the state provides all Medicaid match funds needed for the services delivered to Medicaid eligible clients. This authority is requested for those counties that have local funds available and choose to use them for this purpose.

Proposed Solution:

By allowing for the use of local sales tax dollars through intergovernmental fund transfers as Medicaid match for essential treatment services, including detoxification services, BHSIA will reduce the burden on the state budget to provide Medicaid matching funds. By funding this request, it would align the chemical dependency/substance use disorder system with the community mental health system that already allows Regional Support Networks to use local matching funds for Medicaid Services. The local sales tax dollars, if allowed, would provide additional treatment services through assessments, group and individual counseling, and detoxification as well as other needed services.

Agency Contact: Martha Brenna (360) 902-8194

Program Contact: Tara Smith (360) 725-3701

Narrative Justification and Impact Statement

What specific performance outcomes does the agency expect?

Performance Measure Detail

Agency Level

Department of Social and Health Services

DP Code/Title: M2-70 Lcl. Auth. Medicaid Elig. Services
Program Level - 070 BHSIA-Alcohol & Substance Abuse

Budget Period: 2015-17 Version: G1 070 2015-17 Final 2-YR LEG Budget

Activity: G015 Community Based Substance Abuse Treatment 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.

The decision package is essential to implementing the BHSIA Strategic Objective 1.5: Increase outpatient chemical dependency/substance use disorder treatment retention for adults.

This funding allows us to maintain and strengthen our treatment continuum for essential services within an appropriate setting for Medicaid eligible individuals. The counties in collaboration with their local providers will be able to manage access to services in a timely manner for Medicaid eligible clients. This will also allow for the continuation of staff training, education, and skill building to assist staff in the treatment of our Medicaid 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.

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

The Association of County Human Services and local county governments will support this proposal.

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 department does not have the required local expenditure authority.

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

By allowing for the use of local sales tax dollars through intergovernmental fund transfers as Medicaid match for essential treatment services, including detoxification services, BHSIA will reduce the burden on the state budget to provide Medicaid matching funds.

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

Counties were asked to submit the potential amount of local sales tax funds that they estimated as use for Medicaid match for services per year. Based on their responses the amount of local sales tax estimated to be used is \$550,000 per year and would potentially draw down the same amount of federal Medicaid dollars for a total annual amount of \$1,100,000. Yakima county responded with a request for \$50,000, and King county responded with a request for \$500,000.

Department of Social and Health Services

DP Code/Title: M2-70 Lcl. Auth. Medicaid Elig. Services

Program Level - 070 BHSIA-Alcohol & Substance Abuse

Budget Period: 2015-17 Version: G1 070 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?

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			
N Grants, Benefits & Client Services	1,100,000	1,100,000	2,200,000

DSHS Source Code Detail

<u>Overall Funding</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Fund 001-7, General Fund - Basic Account-Private/Local			
<u>Sources Title</u>			
5417 Contributions & Grants	550,000	550,000	1,100,000
<i>Total for Fund 001-7</i>	550,000	550,000	1,100,000
Fund 001-C, General Fund - Basic Account-Medicaid Federal			
<u>Sources Title</u>			
19TA Title XIX Assistance (FMAP)	550,000	550,000	1,100,000
<i>Total for Fund 001-C</i>	550,000	550,000	1,100,000
Total Overall Funding	1,100,000	1,100,000	2,200,000

Department of Social and Health Services

DP Code/Title: M2-72 Initiative 502

Program Level - 070 BHSIA-Alcohol & Substance Abuse

Budget Period: 2015-17 Version: G1 070 2015-17 Final 2-YR LEG Budget

Recommendation Summary Text:

The Behavioral Health and Service Integration Administration (BHSIA), requests 1.0 FTE and spending authority for Dedicated Marijuana Fund (DMF, I-502 tax revenues) revenues designated for the Department of Social and Health Services (DSHS) in order to carry out the DSHS obligations under I-502.

Fiscal Detail:

Operating Expenditures

	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Overall Funding			
315-1 Dedicated Marijuana Acct-State	3,361,000	16,408,000	19,769,000
Total Cost	3,361,000	16,408,000	19,769,000

Staffing

	<u>FY 1</u>	<u>FY 2</u>	<u>Annual Avg</u>
Agency FTEs	4.0	4.0	4.0

Package Description:

Problem Statement:

I-502 requires the BHSIA, Division of Behavioral Health and Recovery (DBHR) to implement and maintain programs and practices aimed at the prevention or reduction of maladaptive substance use, substance-use disorder, and substance abuse or substance dependence. In order to fulfill the requirements in I-502, DBHR will need the appropriated spending authority from the DMF to pay for these services.

Proposed Solution:

DSHS, BHSIA, DBHR, is responsible for implementation of the following provisions in Section 28 of I-502:

- Design and administer the Washington Healthy Youth Survey and may expand administration to include young adults.
- Contract with the Washington State Institute for Public Policy to conduct a cost-benefit evaluation and produce reports to the legislature by September 1, 2015, with subsequent reports in 2017, 2022, and 2032.
- Implement and maintain programs and practices aimed at prevention or reduction of maladaptive substance use, substance-use disorder, substance abuse or substance dependence, as these terms are defined in the Diagnostic and Statistical Manual of Mental Disorders, among middle school and high school age students.
- Provide chemical dependency/substance abuse disorder treatment services to youth.

Agency Contact: Martha Brenna (360) 902-8194
 Program Contact: Michael Langer (360) 725-3740

Narrative Justification and Impact Statement

What specific performance outcomes does the agency expect?

Performance Measure Detail

Agency Level

Activity: G022 DASA Administration
 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: M2-72 Initiative 502

Program Level - 070 BHSIA-Alcohol & Substance Abuse

Budget Period: 2015-17 Version: G1 070 2015-17 Final 2-YR LEG Budget

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 1.4: Maintain the percent of participants in evidence-based BHSIA funded chemical dependency/substance use disorder prevention programs and Strategic Objective 1.6: Increase outpatient chemical dependency/substance use disorder treatment for youth.

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 the most vulnerable people become independent and self-sufficient and:

Provide access to good medical care to improve people's lives and:

--Decrease the percent of youth who smoke marijuana.

" Decreasing the percentage of 10th graders who report smoking marijuana in the past 30 days from 19.3 percent in 2012 to 18 percent by 2017.

" Increasing outpatient chemical dependency/substance use disorder treatment retention for youth from the FY 2013 average of 74 percent to 76.2 percent by June 30, 2015.

Preventing or delaying the onset of underage alcohol and marijuana use is associated with positive outcomes such as improved school performance, reduced youth delinquency and positive mental health. 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 and increased earnings, as well as stability in housing.

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

As part of the plan development process, the draft plans were shared and discussed with state-level partners, tribes, community members and stakeholders in October 2013 through public forums held in Yakima, Spokane, Seattle, and Vancouver. A total of 350 people attended these forums with an additional 175 attending through a webinar. DBHR presented in conjunction with the Department of Health (DOH) and Washington State Institute for Public Policy (WSIPP). The general consensus indicated a need in the communities for increased prevention and treatment services in response to the decreased public perception of harm due to marijuana use, misuse and abuse. Stakeholders would be impacted positively by increased funding enabling enhanced prevention programs and treatment services available to communities.

The plan will be updated annually to address issues or barriers that may arise and make adjustments as programs, contracts, and activities are evaluated.

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 activities and funding source required by statute are based on a new revenue source for which there is no appropriation authority.

Department of Social and Health Services

DP Code/Title: M2-72 Initiative 502

Program Level - 070 BHSIA-Alcohol & Substance Abuse

Budget Period: 2015-17 Version: G1 070 2015-17 Final 2-YR LEG Budget

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

By funding this request, BHSIA will continue to strengthen its efforts to mitigate the prevalence of youth marijuana, alcohol and other substance abuse and collect critical data on the prevalence of marijuana and other substance use, misuse, and abuse. The treatment system would benefit from support and technical assistance on how to more successfully retain youth in services. This could be accomplished by using performance based contracting to improve retention in youth outpatient treatment, including education for parents on resources, treatment options and how to communicate effectively with youth. Funding would be allocated to contract for an overall evaluation of the impacts of I-502 on Washington State.

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: BHSIA Initiative 502.xls

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

The costs will potentially increase in future biennia as a result of increased revenue collections.

<u>Object Detail</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Overall Funding			
A Salaries And Wages	372,000	372,000	744,000
B Employee Benefits	110,000	110,000	220,000
E Goods\Other Services	56,000	56,000	112,000
G Travel	8,000	8,000	16,000
J Capital Outlays	24,000	0	24,000
N Grants, Benefits & Client Services	2,790,000	15,861,000	18,651,000
P Debt Service	1,000	1,000	2,000
Total Objects	3,361,000	16,408,000	19,769,000

DSHS Source Code Detail

<u>Overall Funding</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Fund 315-1, Dedicated Marijuana Acct-State			
<u>Sources Title</u>			
3151 Dedicated Marijuana Fund	3,361,000	16,408,000	19,769,000
Total for Fund 315-1	3,361,000	16,408,000	19,769,000
Total Overall Funding	3,361,000	16,408,000	19,769,000

**2015-17 Biennial Budget
BHSIA Initiative 502**

Section	Fixed Distribution (every three months)	
(1)	DSHS - Washington State Healthy Youth Survey	125,000
(2)	DSHS - Washington State Institute for Public Policy	50,000
(3)	UW - Alcohol & Drug Abuse Institute	5,000
(4)	WSLCB - Admin (retained)	1,250,000
		\$ 1,430,000

13-15	15-17	17-19
\$	1,000,000	\$ 1,000,000
	400,000	400,000
	40,000	40,000
	10,000,000	10,000,000
\$	11,440,000	\$ 11,440,000

Distribution of Remainder		
(5a)	DSHS - Behavioral Health & Recovery Program	15.0%
(5b)	DOH - Marijuana Education & Public Health Program	10.0%
(5c)	UW - Short & Long Term Effect Research	0.6%
(5c)	WSU - Short & Long Term Effect Research	0.4%
(5d)	State Basic Health Plan Trust	50.0%
(5e)	HCA - Community Health Centers Contract	5.0%
(5f)	OSPI - Building Bridges Program Grants	0.3%
(5g)	General Fund-State (unspecified)	18.7%
		100.0%

13-15	15-17	17-19
\$	18,368,984	\$ 50,534,759
	12,245,989	33,689,840
	734,759	2,021,390
	489,840	1,347,594
	61,229,947	168,449,198
	6,122,995	16,844,920
	367,380	1,010,695
	22,900,000	63,000,000
\$ -	\$ 122,459,893	\$ 336,898,396

Department of Social and Health Services

DP Code/Title: M2-73 Behavioral Health Service Data

Program Level - 070 BHSIA-Alcohol & Substance Abuse

Budget Period: 2015-17 Version: G1 070 2015-17 Final 2-YR LEG Budget

Recommendation Summary Text:

The Behavioral Health and Service Integration Administration (BHSIA) requests funding for FTEs and contracted services to develop an integrated behavioral health data collection, storage and reporting system. By funding this request, BHSIA is expected to implement a combined behavioral health database. This effort will strengthen management of the major change associated with integrated mental health and chemical dependency/substance use disorder managed care contracting, monitoring service delivery and quality and outcome analysis. By using existing data resources and developing an updated managed care client service data reporting strategy, this effort will modernize the flow of data, improve accountability, and increase transparency of management decisions and policy development.

Fiscal Detail:

Operating Expenditures

	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Overall Funding			
001-1 General Fund - Basic Account-State	562,000	141,000	703,000
Total Cost	562,000	141,000	703,000

Staffing

	<u>FY 1</u>	<u>FY 2</u>	<u>Annual Avg</u>
Agency FTEs	3.0	1.0	2.0

Package Description:

Problem Statement:

The innovative changes in the Washington State health care purchasing system driven by state and national legislation are requiring the integration of both mental health and substance abuse services into a behavioral healthcare discipline and the larger integration of behavioral health services into the primary medical service system. These changes have also driven a change in the business model used to purchase these services from a fee-for-service to a managed care model. The legacy data systems that have been a core resource in supporting and accounting for the impact of behavioral health services are no longer effective in collecting and managing the information needed to improve decision making and provide meaningful reports on service quality and outcomes. The Health Care Authority (HCA) will be adding chemical dependency and mental health data in the future, but until this is complete, the current system is in need of an upgrade.

Proposed Solution:

A number of solution options have been considered, from modifying existing legacy systems to purchasing an off-the-shelf database application. The legacy systems all have significant limitations in their design that prohibit them from being the foundation of an integrated system. The specific needs of the state in transitioning to a managed care purchasing model with a set of standardized outcome measures and facilitating the dissemination of evidence based practices place it in a unique position without any existing commercial options. This problem will be addressed through the development of a data management system which makes use of batch electronic file submission functionality to interface with systems managed by vendors and partner agencies. The system will link data from a broad range of administrative and service data systems to provide an effective reporting capability. The data store design relies on years of staff and system experience in linking data from across systems to support the individual business models. The new system will utilize analytic and reporting logic already documented and well tested.

This project will require the work of a full time Project Manager, three Business Analysts along with a Database Architect/Manager and an Application Developer. The administration currently has staff resources designated to fill the project manager, one business analyst and the initial developer positions. This request is to fund the purchase of an expanded data storage capability, consulting services for database design and 3.0 FTEs: two business analysts and one database architect/manager. Additional resources will be

Department of Social and Health Services

DP Code/Title: M2-73 Behavioral Health Service Data

Program Level - 070 BHSIA-Alcohol & Substance Abuse

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needed from the existing development staff currently maintaining the legacy systems as the data collection and storage transitions to the new system. The project manager will be responsible for the overall management and coordination of the project. The business analysts will have the responsibility of working with program staff and stakeholders to review the range of current data elements collected by the legacy systems and identify the elements needed for ongoing support of the field. They will also analyze current required reporting responsibilities and redefine system policies and procedures to upgrade vendor reporting and contract monitoring activities.

This project will require extensive work with a wide range of stakeholders and the careful management of expectations and resources. The database architect will design and implement the actual database table structure and data storage strategy. Consultant services will also be purchased to review and assist in the design and development of the database and table structure. The development staff will be responsible for coding and testing the routines necessary to take the data from various sources (including the legacy systems) and move the elements into the table structure laid out by the architect. The project design is the absolute minimum necessary to provide support to the service system and makes extensive use of current staff and hardware resources. The timeline for this effort is very ambitious with implementation needing to be completed by April of 2016 and detailed design in place by June 1, 2015.

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: Fritz Wrede (360) 725-3783

Narrative Justification and Impact Statement

What specific performance outcomes does the agency expect?

Performance Measure Detail

Agency Level

Activity: G022 DASA Administration

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 1.1: Increase the percent of mental health consumers receiving a service within seven days after discharge from inpatient settings. This package is critical to assure the data necessary to measure this objective in an integrated fashion for future contracts.

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: M2-73 Behavioral Health Service Data
Program Level - 070 BHSIA-Alcohol & Substance Abuse

Budget Period: 2015-17 Version: G1 070 2015-17 Final 2-YR LEG Budget

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

Stakeholders are likely to applaud this effort since it will reduce duplicative reporting and improve the quality of available reporting and analysis.

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

The department has evaluated the following alternative: developing a complete new system. This alternative was chosen because by using existing data resources and developing an updated managed care client service data reporting strategy, this effort will modernize the flow of data, improve accountability, and increase transparency of management decisions and policy development.

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

This effort will strengthen management of the major change associated with integrated mental health and chemical dependency/substance use disorder managed care contracting, monitoring service delivery and quality and outcome analysis.

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

It is assumed that two IT Specialist 5 and one IT Systems/Application specialist will be hired with the associated benefits, travel and equipment. It is assumed that \$50,000 for consultant services, \$111,000 for data storage hardware and \$21,000 for a quality assurance contract are needed. \$130,000 for the IT Systems/Application Specialist and \$11,000 for quality assurance will continue into FY 2017.

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

Costs for the IT Systems/Application specialist will carry forward into future biennia.

<u>Object Detail</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Overall Funding			
A Salaries And Wages	237,000	87,000	324,000
B Employee Benefits	75,000	26,000	101,000
E Goods\Other Services	225,000	25,000	250,000
G Travel	1,000	1,000	2,000
J Capital Outlays	18,000	0	18,000
P Debt Service	1,000	1,000	2,000
T Intra-Agency Reimbursements	5,000	1,000	6,000
Total Objects	562,000	141,000	703,000

Department of Social and Health Services

DP Code/Title: M2-73 Behavioral Health Service Data
Program Level - 070 BHSIA-Alcohol & Substance Abuse

Budget Period: 2015-17 Version: G1 070 2015-17 Final 2-YR LEG Budget

DSHS Source Code Detail

Overall Funding		<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	562,000	141,000	703,000
<i>Total for Fund 001-1</i>		562,000	141,000	703,000
Total Overall Funding		562,000	141,000	703,000

Information Technology Addendum

Recsum Code and Title **M2-73 Behavioral Health Services Data**

Brief Description: The DSHS – Behavioral Health and Service Integration Administration (BHSIA) requests funding, FTE's and contracted services to develop an integrated behavioral health data collection, storage and reporting system. By funding this request, BHSIA is expected to implement a combined behavioral health database. This effort will also strengthen the management of change, monitoring of service delivery quality and outcome analysis. By using existing data resources and developing an updated managed care client service data reporting strategy, this effort will modernize the flow of data, improve accountability, and increase transparency of management decisions and policy development.

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 project will improve the security posture by replacing a legacy internet-facing data collection application with an electronic file transfer process using a CTS secure server.

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 project is part of the larger health care purchasing re-structuring required by the federal affordable care act and related changes implemented by the state legislature to reorganize the behavioral health care system. The significant changes are supported by a strong management team spanning the DSHS leadership.

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

The changes being proposed can be completed with the requested resources within this very tight timeline

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?

The changes being described will have to have a detailed design completed by July 1, 2015 in order for the program to meet the legislatively mandated implementation date for the new contracting structure of April 2016.

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

The program staff will not have the necessary service and outcome information necessary to effectively monitor and manage the newly implemented managed care behavioral health purchasing system.

Technology Strategy Alignment

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

The project is broken into essentially three steps: 1) The review and consolidation of data involving stakeholders; 2) the design of the new data transformation and storage structure; 3) the build and testing of the new data store. This design will allow for the management of customer expectations and an ongoing assessment of progress.

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

The investment will replace the TARGET and MH-CIS systems that have been in place since the early 1990's. The behavioral health business model will move beyond the use of these systems with the changes scheduled for April 2016. This investment will also move the state systems from relying on cases by case reporting through an internet application to the use of vendor compatible electronic file transfers.

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

As reporting is developed using the nrw data store it will be accessible through internet reporting services.

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

Due to limitations on the privacy and confidentiality of behavioral health data under federal HIPAA and CFR Part 2 regulations access to this data will continue to be limited. However access to aggregate reporting on services and outcomes will be significantly improved.

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

The goals are clear and the success will be determined by the regular use of the system data in reporting and program management as new contracts are implemented.

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?

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There are risks associated with the failure to report required data to federal funding sources and failing to provide detailed outcome information to legislative oversight committees.

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?

The cost to contracted vendors in data reporting will be reduced freeing up resources for services to public clients. The risks to data quality associated with duplicate data entry will be reduced saving state resources in data management. The cost of system maintenance will also be reduced.

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

No additional revenue is projected from this investment.

Business Case/Agency Mission Priority

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

This investment will further the agency’s goal of providing improved health by integrating behavioral health resources into the healthcare delivery system in a more direct fashion and facilitating the standardization of outcome measures across various healthcare service purchasing program areas.

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

The innovative changes in the Washington State health care purchasing system driven by state and national legislation are requiring the integration of both mental health and substance abuse services into a behavioral healthcare discipline and the larger integration of behavioral health services into the primary medical service system. These changes have also driven a change in the business model used to purchase these services from a fee-for-service to a managed care model. The legacy data systems which have been a core resource in supporting and accounting for the impact of behavioral health services are no longer effective in collecting and managing the information needed to improve decision making and provide meaningful reports on service quality and outcomes. By using existing data resources and developing an updated managed care client service data reporting strategy, this effort will modernize the flow of data, improve accountability, and increase transparency of management decisions and policy development.

Department of Social and Health Services

DP Code/Title: M2-74 Federal Authority BRIDGES Grant

Program Level - 070 BHSIA-Alcohol & Substance Abuse

Budget Period: 2015-17 Version: G1 070 2015-17 Final 2-YR LEG Budget

Recommendation Summary Text:

The Behavioral Health and Service Integration Administration (BHSIA) requests increased federal authority for the Bringing Recovery into Diverse Groups through Engagement & Support (BRIDGES) in order to utilize awarded federal funds. By funding this request, BHSIA is expected to provide delivery of behavioral health, housing support, peer, and other recovery-oriented services not covered under the state's Medicaid plan.

Fiscal Detail:

<u>Operating Expenditures</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Overall Funding			
001-2 General Fund - Basic Account-Federal	712,000	178,000	890,000
Total Cost	712,000	178,000	890,000

Staffing

Package Description:

Problem Statement:

The BRIDGES project will benefit individuals who experience behavioral health disorders and chronic homelessness by facilitating access to Evidence Based Permanent Supportive Housing and Supported Employment through engagement and support. BRIDGES provides meaningful choice regarding housing and support services, utilizes Peer Navigators to assist with enrollment in Medicaid and mainstream benefits, and connects individuals with needed treatment.

Proposed Solution:

BRIDGES is a Washington State partnership between the Division of Behavioral Health and Recovery (DBHR), other State agencies, and providers in three communities. The project will provide outreach efforts to 600 individuals and will assist 90 individuals to obtain Permanent Supportive Housing over the course of the grant. Services will be provided by local teams that include a Housing Specialist, a Peer Navigator, and an Employment Specialist. Grant resources will be leveraged to obtain rental subsidies (e.g. "bridge" vouchers) through local funding to ensure housing is affordable for all individuals. The grant does not require match funding.

BRIDGES will utilize Permanent Supportive Housing and Supported Employment. Individuals will be enrolled in Medicaid and other mainstream benefits through a Peer Navigator. The Peer Navigator will be certified as an 'In-person Assistor' and will utilize SSI/SSDI Outreach Access and Recovery (SOAR) to help eligible individual access disability benefits. Special training will be provided to the teams on the unique needs of the population being served such as the Housing First philosophy. The project team will work with local homeless continuums of care and consumer groups/organizations to identify any modifications that may be needed to ensure services are culturally relevant and meet the Culturally and Linguistically Appropriate Services (CLAS) requirement.

Agency Contact: Martha Brenna (360) 902-8194
Program Contact: Melodie Pazolt (360) 725-0487

Narrative Justification and Impact Statement

What specific performance outcomes does the agency expect?

Department of Social and Health Services

DP Code/Title: M2-74 Federal Authority BRIDGES Grant

Program Level - 070 BHSIA-Alcohol & Substance Abuse

Budget Period: 2015-17 Version: G1 070 2015-17 Final 2-YR LEG Budget

Performance Measure Detail

Agency Level

Activity: G022 DASA Administration

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

The decision package is essential to implementing the BHSIA's Strategic Objective 1.2: Increase the number of adults (18 and older) receiving outpatient mental health services.

Primary outcomes include improved housing retention, increased enrollment in Medicaid and mainstream governmental benefits, and improved employment outcomes. Alternative funding sources will be developed to ensure sustainability after the grant has ended. BRIDGES will coordinate efforts with the Projects for Assistance in Transition from Homelessness (PATH) as well as the Unified Block Grant priorities to reduce homelessness. The BRIDGES teams will assist individuals who are chronically homeless with behavioral health issues connect with services and treatment. Many individuals who are chronically homeless are discharged from inpatient settings. Many individuals who are chronically homeless face chronic health conditions in addition to behavioral health issues.

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.

Provide access to good medical care to improve people's lives and:
--Increase the number of adults receiving outpatient mental health services.

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

BHSIA is coordinating the efforts of and requesting a subcommittee of the Governor's Interagency Council on Chronic Homelessness be established in conjunction with the Substance Abuse and Mental Health Services Administration (SAMHSA) Policy Academy on Chronic Homelessness activities. The goals of the Policy Academy are to reduce chronic homelessness through SAMHSA-sponsored, cross-agency federal efforts to provide intensive, targeted technical assistance. The statewide plan to ensure sustained partnerships across public health and housing systems will result in short and long-term strategies to support individuals who experience chronic homelessness through the state.

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 federal authority is required to take advantage of the opportunity.

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

Primary outcomes include improved housing retention, increased enrollment in Medicaid and mainstream governmental benefits, and improved employment outcomes.

Department of Social and Health Services

DP Code/Title: M2-74 Federal Authority BRIDGES Grant
Program Level - 070 BHSIA-Alcohol & Substance Abuse

Budget Period: 2015-17 Version: G1 070 2015-17 Final 2-YR LEG Budget

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: BHSIA BRIDGES Federal Authority.xls

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.

<u>Object Detail</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Overall Funding			
A Salaries And Wages	92,000	0	92,000
B Employee Benefits	28,000	0	28,000
E Goods\Other Services	52,000	0	52,000
G Travel	7,000	0	7,000
N Grants, Benefits & Client Services	533,000	178,000	711,000
Total Objects	712,000	178,000	890,000

DSHS Source Code Detail

Overall Funding		<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Fund 001-2, General Fund - Basic Account-Federal				
<u>Sources</u>	<u>Title</u>			
243P	BRIDGES	712,000	178,000	890,000
Total for Fund 001-2		712,000	178,000	890,000
Total Overall Funding		712,000	178,000	890,000

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BHSIA BRIDGES Federal Authority**

	BHSIA - CD	BHSIA - MH	Total
BRIDGES	661,736.00	50,000.00	711,736.00
Current	66,215.65	4,167.00	70,382.65
Accrual	136,054.00	17,334.00	153,388.00
Total	202,269.65	21,501.00	223,770.65
Projection	203,000.00	22,000.00	225,000.00
Balance	458,736.00	718,853.00	1,177,589.00
Estimated Federal Expenditure by State Fiscal Year			
FY14	203,000	22,000	225,000
FY15	992,538	28,000	1,020,538
FY16	711,736		711,736
FY17	177,934		177,934
Total 15-17	890,000	-	890,000
Total Grant Award	2,085,208	50,000	2,847,274

Department of Social and Health Services

DP Code/Title: M2-75 Federal Authority PFS Grant
Program Level - 070 BHSIA-Alcohol & Substance Abuse

Budget Period: 2015-17 Version: G1 070 2015-17 Final 2-YR LEG Budget

Recommendation Summary Text:

The Behavioral Health and Service Integration Administration (BHSIA) requests increased federal authority for the Partnership for Success (PFS) in order to utilize awarded federal funds. By funding this request, BHSIA is expected to provide funding to strengthen community coalitions in Washington State to expand and enhance their local efforts to successfully implement the strategic prevention framework and proven prevention strategies in order to more effectively and efficiently address substance abuse.

Fiscal Detail:

Operating Expenditures

	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Overall Funding			
001-2 General Fund - Basic Account-Federal	2,937,000	2,208,000	5,145,000
Total Cost	2,937,000	2,208,000	5,145,000

Staffing

Package Description:

Problem Statement:

BHSIA's prevention priorities include underage drinking among 12- to 20-year olds, prescription drug misuse and abuse among 12- to 25-year-olds, and misuse and abuse of marijuana among youth ages 12-17.

In Washington State's 2012 student survey 29 percent of 10th grade students and 36 percent of 12th grade students reported drinking alcohol in the last 30 days; marijuana use among 12th grade students has increased 7.2 percent since 2004. Students think that using marijuana regularly is not risky (12th grade: 20 percent in 2004 to 39 percent in 2012) and 56.2 percent of the 12th grade students who drank alcohol in the past 30 days had also used marijuana. Washington State has the third highest rate nationally of nonmedical use of prescription pain relievers as of December 2012 according to a federal Substance Abuse and Mental Health Services Administration (SAMHSA) report published in 2013.

This federal grant project is targeted in 52 high-need community sites across the state. The State Epidemiological Outcomes Workgroup (SEOW) conducted the data analysis to develop community risk profiles to identify high need communities in each county. Collectively, these coalitions represent over 450,000 individuals including 16 cities/suburban areas, 15 towns and 21 rural areas. These communities are demographically representative of the state. However, selected high-need communities have more adults without high school degrees (13 percent vs. 10 percent); population under federal poverty level (15 percent vs. 12 percent); eligibility for free and reduced lunch (54 percent vs. 46 percent); and 30-day use by 10th graders of alcohol (29 percent vs. 23 percent) and marijuana (22 percent vs. 19 percent).

Proposed Solution:

The goal of the federal grant project is to strengthen the 52 Community Prevention and Wellness Initiative (CPWI) community coalitions in Washington State to expand and enhance their local strategic planning efforts. BHSIA will achieve this through three key objectives: 1) Increase support to local high-need communities for strategic prevention planning and implementation; 2) Targeted enhancement projects based on specific local needs and gaps; and 3) Increase technical assistance and training support provided to local high-need communities by funding 2.0 FTE Prevention System Managers and 1.0 FTE Lead Evaluator. The key risk factors that will be addressed are youth perception of risk and parental attitudes. The grant funding is on the Federal Fiscal Year.

Agency Contact: Martha Brenna (360) 902-8194

Department of Social and Health Services

DP Code/Title: M2-75 Federal Authority PFS Grant
Program Level - 070 BHSIA-Alcohol & Substance Abuse

Budget Period: 2015-17 Version: G1 070 2015-17 Final 2-YR LEG Budget

Program Contact: Sarah Mariani (360) 725-3774

Narrative Justification and Impact Statement

What specific performance outcomes does the agency expect?

Performance Measure Detail

Agency Level

Activity: G022 DASA Administration
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

The decision package is essential to implementing the BHSIA's Strategic Objective 1.4: Maintain the percent of participants in evidence-based BHSIA funded chemical dependency prevention programs.

DBHR is focused on a substance abuse prevention system that is community coalition-driven using the localized strategic planning framework. This approach allows BHSIA to promote strategy implementation that builds on what works; have a deeper impact on underage drinking, prescription drug misuse and abuse, and misuse/abuse of marijuana; better measure those impacts; and build support for additional investments in prevention. With this grant project BHSIA has begun to enhance support to coalitions in high-need communities throughout the state for prevention planning and implementation and work toward our goals. With this funding BHSIA is enhancing support to community strategic plans to implement culturally and linguistically appropriate programs and strategies. Other agencies that are members of the grant's advisory board are invited to participate in training opportunities supported by the grant as space is available.

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.

Provide access to good medical care to improve people's lives and:
--Decrease the percent of youth who smoke marijuana.

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

Stakeholders are supportive of this grant; the administration is not aware of any concerns. The State Prevention Policy Consortium serves as the advisory board to the grant implementation. Membership in this Consortium includes over 20 interagency, Tribal and community partners with vested interest in substance abuse prevention and mental health promotion. Needs assessment and evaluation support is provided by SEOW that includes members of the prevention research community and DBHR Decision Support and Evaluation staff.

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: BHSIA does not have sufficient federal authority.

Department of Social and Health Services

DP Code/Title: M2-75 Federal Authority PFS Grant
Program Level - 070 BHSIA-Alcohol & Substance Abuse

Budget Period: 2015-17 Version: G1 070 2015-17 Final 2-YR LEG Budget

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

By funding this request, BHSIA is expected to provide funding to strengthen community coalitions in Washington State to expand and enhance their local efforts to successfully implement the strategic prevention framework and proven prevention strategies in order to more effectively and efficiently address substance abuse.

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 yearly award amount is \$2,208,000. In FY 2014, \$750,000 was spent. It is assumed that the balance of \$1,458,000 will be spent in FY 15 and FY 16 evenly. The FY 15 and FY 16 expenditure level is expected to be \$2,937,000. Expenditures in FY 17 and FY 18 are expected to be \$2,208,000.

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

The final year of the grant award is FY 2018.

<u>Object Detail</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Overall Funding			
A Salaries And Wages	378,000	288,000	666,000
B Employee Benefits	116,000	88,000	204,000
E Goods\Other Services	82,000	62,000	144,000
G Travel	21,000	16,000	37,000
N Grants, Benefits & Client Services	2,340,000	1,754,000	4,094,000
Total Objects	2,937,000	2,208,000	5,145,000

DSHS Source Code Detail

<u>Overall Funding</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Fund 001-2, General Fund - Basic Account-Federal			
<u>Sources Title</u>			
243N Partnership for Success	2,937,000	2,208,000	5,145,000
<i>Total for Fund 001-2</i>	2,937,000	2,208,000	5,145,000
Total Overall Funding	2,937,000	2,208,000	5,145,000

Department of Social and Health Services

DP Code/Title: M2-76 6312 (2014 Session) Implementation

Program Level - 070 BHSIA-Alcohol & Substance Abuse

Budget Period: 2015-17 Version: G1 070 2015-17 Final 2-YR LEG Budget

Recommendation Summary Text:

The Behavioral Health Services Integration Administration (BHSIA) requests funding to implement actuarially sound Medicaid rates as a result of the passage of 2SSB 6312, Section 23, and to meet the requirement that persons eligible for Medicaid receive medically necessary chemical dependency/substance use disorder treatment services. By funding this request, BHSIA is expected to develop actuarially sound Medicaid rates for Medicaid eligible people receiving chemical dependency/substance use disorder treatment services and ensure adequate funding for behavioral health services.

Fiscal Detail:

Operating Expenditures

FY 1

FY 2

Total

Overall Funding

Program Cost

Total Cost

Staffing

Package Description:

Problem Statement:

Because the chemical dependency/substance use disorder treatment system is currently funded on a fee-for-service basis, BHSIA does not currently have actuarially sound Medicaid managed care rates for the state's chemical dependency/substance use disorder treatment system. 2SSB 6312 outlines the requirement for the state to implement managed care behavioral health integration by April 1, 2016. The state will deliver an integrated mental health and chemical dependency/substance use disorder benefit in new county-based regions known as Behavioral Health Organizations (BHOs) under risk based managed care contracts. The intent is that better coordination of care will lead to improved health outcomes.

Proposed Solution:

To support the integration of behavioral health services into a managed care environment, the actuary will analyze the overall cost of the new integrated system to ensure that managed care rates are adequate to operate a statewide service delivery system. The actuary also will determine cost offsets that will support the case for cost-effectiveness, which is a requirement of the Centers for Medicare and Medicaid Services (CMS). The expectation is that because of historically low provider rates and low service penetration by persons who require chemical dependency/substance use disorder treatment, the actuarial work will result in the need for additional resources. It is assumed that during the state's budget and legislative processes, the numbers will be developed and refined.

The rates will be paid to the BHOs on a per member per month basis and will be tied to the state's formal caseload forecast process to ensure that funding meets the demand for services.

Agency Contact: Martha Brenna (360) 902-8194
Program Contact: David Daniels (360) 725-2380

Narrative Justification and Impact Statement

What specific performance outcomes does the agency expect?

Department of Social and Health Services

DP Code/Title: M2-76 6312 (2014 Session) Implementation
Program Level - 070 BHSIA-Alcohol & Substance Abuse

Budget Period: 2015-17 Version: G1 070 2015-17 Final 2-YR LEG Budget

Performance Measure Detail

Agency Level

Activity: G015 Community Based Substance Abuse Treatment Services
No measures linked to package

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

Activity: G085 Residential Substance Use Disorder Treatment 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.

The decision package is essential to implementing the BHSIA's Strategic Objective 1.15 - Implement managed care behavioral health integration by April 1, 2016.

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.

Provide access to good medical care to improve people's lives and:
--Increase the percent of outpatient chemical dependency treatment retention.

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

There is very high interest by stakeholders related to this investment. Treatment providers across the state and county leadership who will be part of the prospective county based Behavioral Health Organizations are awaiting actuarially sound Medicaid rates to support behavioral health integration.

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 expectation is that because of historically low provider rates and low service penetration by persons who require chemical dependency/substance use disorder treatment, the actuarial work will result in the need for additional resources.

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

It is assumed that the rates that will be paid to the BHOs on a per member per month basis and will be tied to the state's formal caseload forecast process will ensure that funding meets the demand for services.

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: M2-76 6312 (2014 Session) Implementation
Program Level - 070 BHSIA-Alcohol & Substance Abuse

Budget Period: 2015-17 Version: G1 070 2015-17 Final 2-YR LEG Budget

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

Contracts will be developed with the new Behavioral Health Organizations.

Expenditure and revenue calculations and assumptions

Expenditure assumptions and amounts will be provided once the actuarial process is complete.

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: M2-8L Lease Rate Adjustments
Program Level - 070 BHSIA-Alcohol & Substance Abuse

Budget Period: 2015-17 Version: G1 070 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>
Overall Funding			
001-1 General Fund - Basic Account-State	(58,000)	(51,000)	(109,000)
001-C General Fund - Basic Account-Medicaid Federal	(13,000)	(12,000)	(25,000)
Total Cost	(71,000)	(63,000)	(134,000)

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: G022 DASA Administration
 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

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 - 070 BHSIA-Alcohol & Substance Abuse

Budget Period: 2015-17 Version: G1 070 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.

Object Detail	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Overall Funding			
E Goods\Other Services	(71,000)	(63,000)	(134,000)

State of Washington
Decision Package
 Department of Social and Health Services

DP Code/Title: M2-8L Lease Rate Adjustments
Program Level - 070 BHSIA-Alcohol & Substance Abuse

Budget Period: 2015-17 Version: G1 070 2015-17 Final 2-YR LEG Budget

DSHS Source Code Detail

Overall Funding	<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	(58,000)	(51,000)	(109,000)
<i>Total for Fund 001-1</i>	(58,000)	(51,000)	(109,000)
Fund 001-C, General Fund - Basic Account-Medicaid Federal			
<u>Sources</u> <u>Title</u>			
19UL Title XIX Admin (50%)	(13,000)	(12,000)	(25,000)
<i>Total for Fund 001-C</i>	(13,000)	(12,000)	(25,000)
Total Overall Funding	(71,000)	(63,000)	(134,000)

**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

Department of Social and Health Services

DP Code/Title: M2-9G Workers Comp Base Correction
Program Level - 070 BHSIA-Alcohol & Substance Abuse

Budget Period: 2015-17 Version: G1 070 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:

Operating Expenditures

	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Overall Funding			
001-1 General Fund - Basic Account-State	3,000	3,000	6,000
001-C General Fund - Basic Account-Medicaid Federal	1,000	1,000	2,000
Total Cost	4,000	4,000	8,000

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 - 070 BHSIA-Alcohol & Substance Abuse

Budget Period: 2015-17 Version: G1 070 2015-17 Final 2-YR LEG Budget

Performance Measure Detail

Agency Level

Activity: G022 DASA Administration

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.

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.

Department of Social and Health Services

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

Program Level - 070 BHSIA-Alcohol & Substance Abuse

Budget Period: 2015-17 Version: G1 070 2015-17 Final 2-YR LEG Budget

<u>Object Detail</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Overall Funding			
B Employee Benefits	4,000	4,000	8,000

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	3,000	3,000	6,000
<i>Total for Fund 001-1</i>	3,000	3,000	6,000
Fund 001-C, General Fund - Basic Account-Medicaid Federal			
<u>Sources Title</u>			
19UL Title XIX Admin (50%)	1,000	1,000	2,000
<i>Total for Fund 001-C</i>	1,000	1,000	2,000
Total Overall Funding	4,000	4,000	8,000

**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
TOTAL	3,423,000	3,824,000	2,635,000	788,000	3,423,000	2,900,000	924,000	3,824,000

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Department of Social and Health Services

DP Code/Title: M2-9T Transfers

Program Level - 070 BHSIA-Alcohol & Substance Abuse

Budget Period: 2015-17 Version: G1 070 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:

Operating Expenditures

	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Overall Funding			
001-1 General Fund - Basic Account-State	(4,000)	(4,000)	(8,000)
001-C General Fund - Basic Account-Medicaid Federal	1,000	1,000	2,000
Total Cost	(3,000)	(3,000)	(6,000)

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 - 070 BHSIA-Alcohol & Substance Abuse

Budget Period: 2015-17 Version: G1 070 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 (AL TSA). ODHH was transferred from DVR to AL TSA 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 AL TSA. 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: G022 DASA Administration

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 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.

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

None

Department of Social and Health Services

DP Code/Title: M2-9T Transfers

Program Level - 070 BHSIA-Alcohol & Substance Abuse

Budget Period: 2015-17 Version: G1 070 2015-17 Final 2-YR LEG Budget

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>
Overall Funding			
E Goods\Other Services	(5,000)	(5,000)	(10,000)
T Intra-Agency Reimbursements	2,000	2,000	4,000
Total Objects	(3,000)	(3,000)	(6,000)

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	(4,000)	(4,000)	(8,000)
<i>Total for Fund 001-1</i>	(4,000)	(4,000)	(8,000)
Fund 001-C, General Fund - Basic Account-Medicaid Federal			
<u>Sources Title</u>			
19UL Title XIX Admin (50%)	1,000	1,000	2,000
<i>Total for Fund 001-C</i>	1,000	1,000	2,000
Total Overall Funding	(3,000)	(3,000)	(6,000)

**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
010 Children's Administration												
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 ALTSA 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
010 Total	(0.5)	(0.5)	(0.5)	(627,000)	(52,000)	(679,000)	(627,000)	(52,000)	(679,000)	(1,254,000)	(104,000)	(1,358,000)
020 Juvenile Rehabilitation												
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
020 Total	0.0	0.0	0.0	109,000	0	109,000	109,000	0	109,000	218,000	0	218,000
030 Mental Health												
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
030 Total	0.0	0.0	0.0	468,000	39,000	507,000	468,000	39,000	507,000	936,000	78,000	1,014,000
040 Developmental Disabilities Administration												
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. ALTSA 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
040 Total	3.0	3.0	3.0	424,000	694,000	1,118,000	424,000	694,000	1,118,000	848,000	1,388,000	2,236,000
050 Aging & Long-Term Support Admin												
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. ALTSA 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 ALTSA 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 ALTSA 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
050 Total	(2.0)	(2.0)	(2.0)	(27,000)	(276,000)	(303,000)	(45,000)	(276,000)	(321,000)	(72,000)	(552,000)	(624,000)
060 Economic Services Administration												
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 ALTSA 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
060 Total	(0.5)	(0.5)	(0.5)	(1,512,000)	(486,000)	(1,998,000)	(1,512,000)	(486,000)	(1,998,000)	(3,024,000)	(972,000)	(3,996,000)
070 Alcohol and Substance Abuse												
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
070 Total	0.0	0.0	0.0	(4,000)	1,000	(3,000)	(4,000)	1,000	(3,000)	(8,000)	2,000	(6,000)
100 Division of Voc. Rehabilitation												
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
100 Total	0.0	0.0	0.0	(58,000)	0	(58,000)	(40,000)	0	(40,000)	(98,000)	0	(98,000)
110 Administration & Supporting Services												
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
110 Total	0.0	0.0	0.0	424,000	80,000	504,000	424,000	80,000	504,000	848,000	160,000	1,008,000

**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 Special Commitment Center												
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
135 Total	0.0	0.0	0.0	127,000	0	127,000	127,000	0	127,000	254,000	0	254,000
145 Payments to Other Agencies												
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
145 Total	0.0	0.0	0.0	676,000	0	676,000	676,000	0	676,000	1,352,000	0	1,352,000
150 Information System Services Division												
4. ITS Adjustment			0.0			0			0	0	0	0
			0.0			0			0	0	0	0
150 Total	0.0	0.0	0.0	0	0	0	0	0	0	0	0	0
160 Consolidated Field Services												
			0.0			0			0	0	0	0
160 Total	0.0	0.0	0.0	0	0	0	0	0	0	0	0	0
Agency-Wide Total:	0	0	0.0	0	0	0	0	0	0	0	0	0

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: G1 - 070 2015-17 Final 2-YR LEG Budget

Budget Level Criteria: PL Only

Dollars in Thousands	Agency Priority	Annual Avg FTEs	General Fund State	Other Funds	Total Funds
PL - Performance Level					
E0	FAS Satellite Evaluation Sites	0	(200)	0	(200)
E1	FAS Evaluation Training	0	(708)	0	(708)
E2	Family Hardship	0	(160)	0	(160)
E3	Repeat DUI Offender Services	0	(42)	0	(42)
E5	Parent Trust	0	(200)	0	(200)
E7	Safe Babies Safe Moms	0	(1,790)	(1,426)	(3,216)
E9	CD ITA Contracts	0	(12,880)	0	(12,880)
EA	Parent Child Assistance Program	0	(4,342)	(2,752)	(7,094)
R3	Address Interim CD Medicaid Rates	0	6,938	25,222	32,160
R4	Parent Child Assistance Program	0	4,342	2,752	7,094
R5	CD ITA Contracts	0	12,880	0	12,880
R7	Safe Babies Safe Moms	0	1,790	1,426	3,216
R9	Parent Trust	0	200	0	200
RB	Repeat DUI Offender Services	0	42	0	42
RC	Family Hardship	0	160	0	160
RD	FAS Evaluation Training	0	708	0	708
RE	FAS Satellite Evaluation Sites	0	200	0	200
SubTotal PL		0.0	6,938	25,222	32,160
Total Proposed PL Only Budget		0.0	6,938	25,222	32,160

Department of Social and Health Services

DP Code/Title: PL-E0 FAS Satellite Evaluation Sites
Program Level - 070 BHSIA-Alcohol & Substance Abuse

Budget Period: 2015-17 Version: G1 070 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 funding for the Fetal Alcohol Syndrome Diagnostic (FASD) Network Satellite Sites used to provide diagnostic and treatment referral services to individuals of all ages with fetal alcohol exposure, offer FAS screening and surveillance for high-risk populations, and deliver identification and referral of high-risk mothers to intervention programs. By implementing this reduction, BHSIA expects this will impact community members in the medical, social service, education, and justice professions; as well as other community members, which may result in a severe reduction in FASD diagnostic options, awareness, and overall visibility in our state as a whole.

Fiscal Detail:

Operating Expenditures

	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Overall Funding			
001-1 General Fund - Basic Account-State	(100,000)	(100,000)	(200,000)
Total Cost	(100,000)	(100,000)	(200,000)

Staffing

Package Description:

Currently, Fetal Alcohol Syndrome Diagnostic and Prevention Network (FASDPN) Satellite Site funds are allocated to provide diagnostics and referrals for those affected by FASD. There are three satellite sites around Washington State, which currently serve a total of 54 clients per year.

This proposal would eliminate the FASDPN Satellite Sites; subsequently affecting around 54 clients per year, as well as FASD affected families in the state of Washington. This will result in a greater financial impact on community resources and or may cause difficulty in families accessing beneficial resources for those affected by FASD. There will not be satellite sites located in local communities for diagnostics and evaluations of affected individuals. There are no FTEs associated with this reduction.

FASDPN satellite sites are required to be established under RCW 70.96A.500, but their establishment is "based on available funds." So long as the funding for the satellite sites is eliminated by the legislature, there should be no further obligation under the statute to establish them.

The reduction in state funds will not reduce federal or other funding as these are all state dollars.

FASD Contractors will be notified that contracts will not be renewed in 2015-17 Biennium.

Agency Contact: Martha Brenna (360) 902-8194

Program Contact: Sara Pine (360) 725-3807

Narrative Justification and Impact Statement

What specific performance outcomes does the agency expect?

Please see the description above.

Performance Measure Detail

Agency Level

Department of Social and Health Services

DP Code/Title: PL-E0 FAS Satellite Evaluation Sites
Program Level - 070 BHSIA-Alcohol & Substance Abuse

Budget Period: 2015-17 Version: G1 070 2015-17 Final 2-YR LEG Budget

Activity: G098 Support Services for Clients Receiving Substance Use Disorder Treatment	Incremental Changes	
	<u>FY 1</u>	<u>FY 2</u>
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?

N/A

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

N/A

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

This resource is important to parents, adoptive parents, foster parents, guardians, children, other family members, and community resource providers. This resource is typically the beginning of a process for assistance in obtaining valuable knowledge and service direction for a child diagnosed with Fetal Alcohol Spectrum Disorders. Without it, caregivers struggle in obtaining the appropriate services needed for their child's special needs.

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?

Contracts will not be renewed.

Expenditure and revenue calculations and assumptions

FAS Satellite evaluation and diagnostic sites would be eliminated effective July 1, 2015.

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>
Overall Funding			
E Goods\Other Services	(100,000)	(100,000)	(200,000)

Department of Social and Health Services

DP Code/Title: PL-E0 FAS Satellite Evaluation Sites

Program Level - 070 BHSIA-Alcohol & Substance Abuse

Budget Period: 2015-17 Version: G1 070 2015-17 Final 2-YR LEG Budget

DSHS Source Code Detail

Overall Funding		<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	(100,000)	(100,000)	(200,000)
	<i>Total for Fund 001-1</i>	(100,000)	(100,000)	(200,000)
	Total Overall Funding	(100,000)	(100,000)	(200,000)

Department of Social and Health Services

DP Code/Title: PL-E1 FAS Evaluation Training
Program Level - 070 BHSIA-Alcohol & Substance Abuse

Budget Period: 2015-17 Version: G1 070 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 funding for the Fetal Alcohol Syndrome Diagnostic and Prevention Network (FASDPN) funds used to conduct training sessions for professionals statewide to facilitate their understanding of Fetal Alcohol Spectrum Disorders (FASD), their role in identifying and providing complex intervention needs for individuals with FASD, and how to identify birth mothers of children diagnosed with FASD, while assisting them in avoiding subsequent fetal alcohol exposed births by referral to existing treatment programs. By implementing this reduction, BHSIA expects to impact community members in the medical, social service, education, and justice professions, which will result in a severe reduction in FASD education, awareness and overall visibility in our state as a whole.

Fiscal Detail:

Operating Expenditures

	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Overall Funding			
001-1 General Fund - Basic Account-State	(354,000)	(354,000)	(708,000)
Total Cost	(354,000)	(354,000)	(708,000)

Staffing

Package Description:

Currently, FASDPN funds are allocated to provide training for professionals interested in learning how to recognize, refer and/or diagnose FASD. These professionals would not have access to the training and oversight that is needed to provide this service.

In addition to the loss of training professionals, this proposal will in turn reduce the hours of the FAS Diagnostic and Prevention Network clinic; subsequently affecting FASD affected families in the state of Washington and will result in a greater financial impact on community resources, and will cause difficulty in families in identifying beneficial resources for those affected by FASD.

Funding is 100 percent GF-State dollars. A law change will be required before this program can be eliminated. RCW 70.96A.500 currently requires that the department contract with the University of Washington fetal alcohol syndrome clinic to provide, amongst other things, training for health care staff in community-based fetal alcohol exposure clinics to ensure the accurate diagnosis of individuals with fetal alcohol exposure and the development and implementation of appropriate service referral plans.

Agency Contact: Martha Brenna (360) 902-8194
 Program Contact: Sara Pine (360) 725-3807

Narrative Justification and Impact Statement

What specific performance outcomes does the agency expect?

Please see the description above.

Performance Measure Detail

Agency Level

Activity:	<u>FY 1</u>	<u>FY 2</u>
G098 Support Services for Clients Receiving Substance Use Disorder Treatment		
No measures linked to package	0.00	0.00

Department of Social and Health Services

DP Code/Title: PL-E1 FAS Evaluation Training
Program Level - 070 BHSIA-Alcohol & Substance Abuse

Budget Period: 2015-17 Version: G1 070 2015-17 Final 2-YR LEG Budget

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

N/A

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

N/A

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

Without this training option, community resource providers, including physicians and other medical providers, will not have the ability to learn how to recognize and offer interventions for children with FASD. This reduction will lead to the reduction of the FASDPN clinic hours and parents, adoptive parents, foster parents, guardians, children, and other family members will not be able to access these services.

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 70.965A.500 will need to be amended.

Expenditure and revenue calculations and assumptions

Training for professionals interested in learning how to recognize, refer, and/or diagnose FASD would be eliminated effective July 1, 2015. The University of Washington currently the only site in Western Washington who offers such services.

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>
Overall Funding			
E Goods\Other Services	(354,000)	(354,000)	(708,000)

Department of Social and Health Services

DP Code/Title: PL-E1 FAS Evaluation Training
Program Level - 070 BHSIA-Alcohol & Substance Abuse

Budget Period: 2015-17 Version: G1 070 2015-17 Final 2-YR LEG Budget

DSHS Source Code Detail

Overall Funding		<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	(354,000)	(354,000)	(708,000)
	Total for Fund 001-1	(354,000)	(354,000)	(708,000)
	Total Overall Funding	(354,000)	(354,000)	(708,000)

Department of Social and Health Services

DP Code/Title: PL-E2 Family Hardship
Program Level - 070 BHSIA-Alcohol & Substance Abuse

Budget Period: 2015-17 Version: G1 070 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 funding for the family hardship funds used to support youth and their families to participate in residential treatment. The funds have been used to help cover the cost of transportation to and from the treatment facility and for lodging. By implementing this reduction, BHSIA expects 171 families to be impacted annually which is likely to result in youth residential treatment being delayed and a lack of family participation in residential treatment.

Fiscal Detail:

<u>Operating Expenditures</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Overall Funding			
001-1 General Fund - Basic Account-State	(80,000)	(80,000)	(160,000)
Total Cost	(80,000)	(80,000)	(160,000)

Staffing

Package Description:

Currently family hardship funds are allocated to all of the youth residential treatment programs to support low income families with transportation and lodging costs associated with getting their child to treatment and in support of their participation in therapeutic family counseling and education while the youth is in treatment. Approximately 171 families access family hardship funds annually.

This proposal will eliminate all of the family hardship funding resulting in 171 families likely not being able to access residential services including the therapeutic resources associated with family therapy and substance abuse education. Since this is a contracted program, no state FTEs are associated with this reduction.

Reduction in the hardship funds would result in elimination of this program.

Agency Contact: Martha Brenna (360) 902-8194
 Program Contact: Ruth Leonard (360) 725-3742

Narrative Justification and Impact Statement

What specific performance outcomes does the agency expect?

Please see the description above.

Performance Measure Detail

Agency Level

Activity: G085 Residential Substance Use Disorder Treatment 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?

N/A

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

Department of Social and Health Services

DP Code/Title: PL-E2 Family Hardship
Program Level - 070 BHSIA-Alcohol & Substance Abuse

Budget Period: 2015-17 Version: G1 070 2015-17 Final 2-YR LEG Budget

N/A

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

The counties, tribes, residential providers, outpatient providers, youth and their families would be impacted by this reduction.

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?

Contracts will not be renewed.

Expenditure and revenue calculations and assumptions

The Family Hardship program would be eliminated effective July 1, 2015 which will results in youth and families not receiving the support they need to successfully complete treatment.

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>
Overall Funding			
N Grants, Benefits & Client Services	(80,000)	(80,000)	(160,000)
<u>DSHS Source Code Detail</u>			
Overall Funding			
Fund 001-1, General Fund - Basic Account-State			
<u>Sources Title</u>			
0011 General Fund State	(80,000)	(80,000)	(160,000)
<i>Total for Fund 001-1</i>	(80,000)	(80,000)	(160,000)
Total Overall Funding	(80,000)	(80,000)	(160,000)

Department of Social and Health Services

DP Code/Title: PL-E3 Repeat DUI Offender Services
Program Level - 070 BHSIA-Alcohol & Substance Abuse

Budget Period: 2015-17 Version: G1 070 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 reduce substance abuse treatment for non-Medicaid eligible individuals with a history of repeat driving under the influence (RDUI) offenses. By implementing this reduction, 17 individuals will not receive substance abuse treatment.

Fiscal Detail:

Operating Expenditures

	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Overall Funding			
001-1 General Fund - Basic Account-State	(21,000)	(21,000)	(42,000)
Total Cost	(21,000)	(21,000)	(42,000)

Staffing

Package Description:

The State Fiscal Year 2015 appropriation of \$1.8 million is planned to support RDUI services for a minimum of 325 clients. The RDUI services are provided by certified substance abuse treatment agencies under contract with county governments with oversight from court staff at either superior, district, or municipal courts across the state of Washington. The treatment services include a continuum of chemical dependency treatment services in withdrawal management, residential treatment, and outpatient treatment.

BHSIA is proposing a partial reduction of \$42,000 to RDUI services that would impact only non-Medicaid eligible clients. Based on the average treatment cost of \$2,528, BHSIA estimates a reduction of services to 17 individuals. Since BHSIA contracts through county governments, there would not be a reduction of BHSIA employees.

Since this reduction would be for non-Medicaid clients, there would not be a reduction in federal funds. This reduction could be done without a change to RCWs. County government contracts would be reduced.

Agency Contact: Martha Brenna (360) 902-8194
 Program Contact: Earl Long (360) 725-9985

Narrative Justification and Impact Statement

What specific performance outcomes does the agency expect?

Please see the description above.

Performance Measure Detail

Agency Level

Activity: G015 Community Based Substance Abuse Treatment 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?

N/A

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

Department of Social and Health Services

DP Code/Title: PL-E3 Repeat DUI Offender Services
Program Level - 070 BHSIA-Alcohol & Substance Abuse

Budget Period: 2015-17 Version: G1 070 2015-17 Final 2-YR LEG Budget

N/A

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

Substance abuse treatment agencies, the Association of Counties, the Washington Association of Superior Court Judges Association, and the Washington District and Municipal Court Judges' Association will likely be opposed to this reduction of RDUI services.

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?

Contracts will need to be amended.

Expenditure and revenue calculations and assumptions

The reduction is approximately 3 percent and will be effective July 1, 2015.

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>
Overall Funding			
N Grants, Benefits & Client Services	(21,000)	(21,000)	(42,000)
 <u>DSHS Source Code Detail</u>			
Overall Funding	<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	(21,000)	(21,000)	(42,000)
<i>Total for Fund 001-1</i>	<u>(21,000)</u>	<u>(21,000)</u>	<u>(42,000)</u>
Total Overall Funding	<u>(21,000)</u>	<u>(21,000)</u>	<u>(42,000)</u>

Department of Social and Health Services

DP Code/Title: PL-E5 Parent Trust

Program Level - 070 BHSIA-Alcohol & Substance Abuse

Budget Period: 2015-17 Version: G1 070 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 funding for Parent Trust parenting education services for Families In Recovery (FIR) provided in Pregnant and Parenting Women (PPW) residential chemical dependency treatment programs. By implementing this reduction, BHSIA expects 8,062 clients each year not having access to research-based parenting education and family support services in residential chemical dependency treatment centers.

Fiscal Detail:

Operating Expenditures

	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Overall Funding			
001-1 General Fund - Basic Account-State	(100,000)	(100,000)	(200,000)
Total Cost	(100,000)	(100,000)	(200,000)

Staffing

Package Description:

Currently, Parent Trust funds are allocated to provide parenting education and networking assistance between collaborating PPW agencies and to ensure that mutual help groups are operating at each site at the level stated within their contract.

The Families in Recovery Network provides a statewide network of research-based parenting education and family support services in PPW residential chemical dependency treatment centers.

This proposal will eliminate Parent Trust Families in Recovery groups that are provided at seven different PPW chemical dependency residential sites, subsequently affecting around 8,062 clients and their children. This reduction will eliminate this program statewide. Research-based parenting education and family support services will be eliminated to persons receiving residential substance use disorder treatment. These services are proven to increase child safety, increase the family's drug-free social support networks, and increase parent-child bonding that contribute to successful recovery for individuals. Since this is a contracted program, no state FTEs are associated with this reduction.

Agency Contact: Martha Brenna (360) 902-8194
 Program Contact: Sara Pine (360) 725-3807

Narrative Justification and Impact Statement

What specific performance outcomes does the agency expect?

Please see the description above.

Performance Measure Detail

Agency Level

Activity: **G098 Support Services for Clients Receiving Substance Use Disorder Treatment**

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?

Department of Social and Health Services

DP Code/Title: PL-E5 Parent Trust
Program Level - 070 BHSIA-Alcohol & Substance Abuse

Budget Period: 2015-17 Version: G1 070 2015-17 Final 2-YR LEG Budget

N/A

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

N/A

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

PPW chemical dependency residential providers would lose this service which includes coaching and educational opportunity for their patients. Women with substance use disorders, their current and future children, immediate family, and resource providers in their communities will be affected. In the past, legislators have been reluctant to reduce or eliminate programs to pregnant and parenting substance abusing women and their children due to their vulnerable nature.

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?

Contracts will need to be amended to incorporate the reduction.

Expenditure and revenue calculations and assumptions

The parent trust program will be eliminated July 1, 2015.

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>
Overall Funding			
N Grants, Benefits & Client Services	(100,000)	(100,000)	(200,000)

Department of Social and Health Services

DP Code/Title: **PL-E5 Parent Trust**

Program Level - **070 BHSIA-Alcohol & Substance Abuse**

Budget Period: 2015-17 Version: G1 070 2015-17 Final 2-YR LEG Budget

DSHS Source Code Detail

Overall Funding		<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	(100,000)	(100,000)	(200,000)
<i>Total for Fund 001-1</i>		(100,000)	(100,000)	(200,000)
Total Overall Funding		(100,000)	(100,000)	(200,000)

Department of Social and Health Services

DP Code/Title: PL-E7 Safe Babies Safe Moms
Program Level - 070 BHSIA-Alcohol & Substance Abuse

Budget Period: 2015-17 Version: G1 070 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 funding for Safe Babies, Safe Moms (SBSM). These funds are used to support highest risk women and their drug affected infants and children in the contracted counties. These women are pregnant or parenting, alcohol and/or drug abusing, with a history of multiple system involvement and need services of longer duration and greater intensity than women enrolled in or served by the current First Steps program. By implementing this reduction, BHSIA expects to impact approximately 590 clients annually, which may result in clients not connecting with community resources, targeted intensive case management, and other education components.

Fiscal Detail:

<u>Operating Expenditures</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Overall Funding			
001-1 General Fund - Basic Account-State	(895,000)	(895,000)	(1,790,000)
001-C General Fund - Basic Account-Medicaid Federal	(713,000)	(713,000)	(1,426,000)
Total Cost	(1,608,000)	(1,608,000)	(3,216,000)

Staffing

Package Description:

This proposal will eliminate SBSM, affecting approximately 590 clients and their children annually. Services connect these clients with resources within the community that will best serve their needs. SBSM would be eliminated for three providers in four counties (Snohomish, Benton-Franklin, and Whatcom).

The reduction will decrease the resources available in local communities, such as medical, educational, justice, and social services. Pregnant, postpartum, and parenting women with substance use disorders who are not successful in accessing community resources will no longer have targeted intensive case management to provide supports for accessing substance use treatment and continuing care. Since this is a contracted program, no state FTEs are associated with this reduction.

For every state dollar that is lost, an equal amount of Federal Medicaid funding associated with this contract will be lost. Some of the funding related to SBSM is state only funds for women who are not Medicaid eligible (7 percent) and for discretionary spending for client needs.

Agency Contact: Martha Brenna (360) 902-8194
 Program Contact: Sara Pine (360) 725-3807

Narrative Justification and Impact Statement

What specific performance outcomes does the agency expect?

Please see the description above.

Performance Measure Detail

Agency Level

Activity: G098 Support Services for Clients Receiving Substance Use Disorder Treatment

Incremental Changes
FY 1 FY 2

Department of Social and Health Services

DP Code/Title: PL-E7 Safe Babies Safe Moms
Program Level - 070 BHSIA-Alcohol & Substance Abuse

Budget Period: 2015-17 Version: G1 070 2015-17 Final 2-YR LEG Budget

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?

N/A

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

N/A

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

Pregnant, postpartum, and parenting women with substance use disorders, their current and future children, immediate family, community resource providers, and counties will be affected. In the past, legislators have been opposed to reducing services to pregnant and parenting women due to their vulnerable nature. The Children's Administration makes referrals to this program and would be affected by the loss of services for substance abusing women and their children.

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?

Contracts will not be entered into.

Expenditure and revenue calculations and assumptions

The program would be eliminated effective July 1, 2015

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	FY 1	FY 2	Total
Overall Funding			
N Grants, Benefits & Client Services	(1,608,000)	(1,608,000)	(3,216,000)

Department of Social and Health Services

DP Code/Title: PL-E7 Safe Babies Safe Moms

Program Level - 070 BHSIA-Alcohol & Substance Abuse

Budget Period: 2015-17 Version: G1 070 2015-17 Final 2-YR LEG Budget

DSHS Source Code Detail

Overall Funding		<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	(895,000)	(895,000)	(1,790,000)
<i>Total for Fund 001-1</i>		<u>(895,000)</u>	<u>(895,000)</u>	<u>(1,790,000)</u>
Fund 001-C, General Fund - Basic Account-Medicaid Federal				
<u>Sources</u>	<u>Title</u>			
19TA	Title XIX Assistance (FMAP)	(713,000)	(713,000)	(1,426,000)
<i>Total for Fund 001-C</i>		<u>(713,000)</u>	<u>(713,000)</u>	<u>(1,426,000)</u>
Total Overall Funding		<u>(1,608,000)</u>	<u>(1,608,000)</u>	<u>(3,216,000)</u>

Department of Social and Health Services

DP Code/Title: PL-E9 CD ITA Contracts

Program Level - 070 BHSIA-Alcohol & Substance Abuse

Budget Period: 2015-17 Version: G1 070 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 Pioneer Center North (PCN) and Pioneer Center East's (PCE) contracts for adult involuntary residential treatment for client substance use disorder services and a building lease for Pioneer Center North. As the only involuntary treatment provider in the state, PCN and PCE specialize in treating 1,050 patients annually who are battling chronic addiction and have been unsuccessful in other treatment modalities. By implementing this reduction, BHSIA expects clients to experience more homelessness, increased incarceration in jails, increased medical costs, and emergency room visits.

Fiscal Detail:

Operating Expenditures

	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Overall Funding			
001-1 General Fund - Basic Account-State	(6,440,000)	(6,440,000)	(12,880,000)
Total Cost	(6,440,000)	(6,440,000)	(12,880,000)

Staffing

Package Description:

Currently, Pioneer Human Services provides a secure, long-term residential treatment program for chronic chemically dependent individuals who present a likelihood of serious harm to themselves or others, or are gravely disabled by alcohol or drug addiction.

This proposal will eliminate two involuntary treatment programs that serve approximately 1,050 people per year. The reduction will decrease the resources available in local communities, such as medical, educational, justice, and social services. Since this is a contracted program, no state FTEs are associated with this reduction.

By eliminating the only involuntary chemical dependency treatment providers in the state, this proposal would render the current involuntary commitment process in RCW 70.96A completely ineffective as there would be no place to send anyone for treatment. Courts would not be able to order anyone into treatment because they are prohibited from doing so unless an approved treatment program is available and able to provide adequate and appropriate treatment.

Statutory authority for this decision (without amending RCW 70.96A) could come from RCW 70.96A.915, which authorizes the department to allocate appropriated funds in the manner that it determines best meets the purposes of RCW 70.96A. It further states that no individual is entitled to any services authorized in RCW 70.96A. Nothing in RCW 70.96A requires the department to reallocate funds in order to ensure that services are available to any eligible person upon demand.

Agency Contact: Martha Brenna (360) 725-8194
 Program Contact: Melinda Trujillo (360) 794-1365

Narrative Justification and Impact Statement

What specific performance outcomes does the agency expect?

Please see the description above.

Performance Measure Detail

Agency Level

Department of Social and Health Services

DP Code/Title: PL-E9 CD ITA Contracts
Program Level - 070 BHSIA-Alcohol & Substance Abuse

Budget Period: 2015-17 Version: G1 070 2015-17 Final 2-YR LEG Budget

Activity: G085 Residential Substance Use Disorder Treatment 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?

N/A

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

N/A

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

Families, emergency departments, chemical dependency providers, tribes, counties, law enforcement and criminal justice system, and mental health agencies will be impacted.

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?

Contracts will be terminated.

Expenditure and revenue calculations and assumptions

The contracts for Pioneer Center North and Pioneer Center East will be terminated effective June 30, 2014 if funding does not continue into the 2015-17 Biennium.

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>
Overall Funding			
N Grants, Benefits & Client Services	(6,440,000)	(6,440,000)	(12,880,000)

Department of Social and Health Services

DP Code/Title: PL-E9 CD ITA Contracts

Program Level - 070 BHSIA-Alcohol & Substance Abuse

Budget Period: 2015-17 Version: G1 070 2015-17 Final 2-YR LEG Budget

DSHS Source Code Detail

Overall Funding		<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	(6,440,000)	(6,440,000)	(12,880,000)
Total for Fund 001-1		(6,440,000)	(6,440,000)	(12,880,000)
Total Overall Funding		(6,440,000)	(6,440,000)	(12,880,000)

Department of Social and Health Services

DP Code/Title: PL-EA Parent Child Assistance Program
Program Level - 070 BHSIA-Alcohol & Substance Abuse

Budget Period: 2015-17 Version: G1 070 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 funding for the Parent-Child Assistance program (PCAP), which supports mothers who are at high risk for alcohol and/or drug abuse during pregnancy. These funds are used to support highest risk women and their drug affected infants and children in the contracted counties. BHSIA expects this reduction will impact 903 clients annually. By implementing this reduction, clients will have difficulty connecting with community resources, accessing and retention in treatment, and receiving targeted intensive case management and other education components.

Fiscal Detail:

Operating Expenditures

	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Overall Funding			
001-1 General Fund - Basic Account-State	(2,171,000)	(2,171,000)	(4,342,000)
001-C General Fund - Basic Account-Medicaid Federal	(1,376,000)	(1,376,000)	(2,752,000)
Total Cost	(3,547,000)	(3,547,000)	(7,094,000)

Staffing

Package Description:

This proposal will eliminate PCAP funds allocated to provide targeted case management affecting 903 clients and their children annually. PCAP providers connect these clients with resources within the community that will best serve their needs. PCAP would be eliminated for ten providers in eleven counties (King, Pierce, Grant, Spokane, Cowlitz, Skagit, Clallam, Kitsap, Yakima, Clark, and Grays Harbor).

The reduction will decrease the resources available in local communities, such as medical, educational, justice, and social services. Referral, support, and advocacy for high-risk, pregnant and parenting women with substance use disorders will no longer be available. Since this is a contracted program, no state FTEs are associated with this reduction.

For every state dollar that is lost, an equal amount of federal Medicaid funding associated with this contract will be lost. Some of the PCAP funding is state only for training and evaluation, for women who are not Medicaid eligible (7 percent), and for providers that cannot fully utilize Medicaid due to staffing configurations.

Agency Contact: Martha Brenna (360) 725-8194
 Program Contact: Sara Pine (360) 725-3807

Narrative Justification and Impact Statement

What specific performance outcomes does the agency expect?

Please see the description above.

Performance Measure Detail

Agency Level

Activity: G098 Support Services for Clients Receiving Substance Use Disorder Treatment

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-EA Parent Child Assistance Program

Program Level - 070 BHSIA-Alcohol & Substance Abuse

Budget Period: 2015-17 Version: G1 070 2015-17 Final 2-YR LEG Budget

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

N/A

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

N/A

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

Pregnant, postpartum, and parenting women with substance use disorders, their current and future children, immediate family, community resource providers, and counties will be impacted by this reduction. In the past, legislators have been opposed to reducing services to pregnant and parenting women due to their vulnerable nature. The Children's Administration makes referrals to this program and would be affected by the loss of services for substance abusing women and their children.

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?

Contracts will need to be eliminated.

Expenditure and revenue calculations and assumptions

The program is eliminated effective June 30, 2015 and the funding does not continue in the 2015-17 Biennium.

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>
Overall Funding			
N Grants, Benefits & Client Services	(3,547,000)	(3,547,000)	(7,094,000)

Department of Social and Health Services

DP Code/Title: PL-EA Parent Child Assistance Program

Program Level - 070 BHSIA-Alcohol & Substance Abuse

Budget Period: 2015-17 Version: G1 070 2015-17 Final 2-YR LEG Budget

DSHS Source Code Detail

Overall Funding		<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	(2,171,000)	(2,171,000)	(4,342,000)
<i>Total for Fund 001-1</i>		<u>(2,171,000)</u>	<u>(2,171,000)</u>	<u>(4,342,000)</u>
Fund 001-C, General Fund - Basic Account-Medicaid Federal				
<u>Sources</u>	<u>Title</u>			
19TA	Title XIX Assistance (FMAP)	(1,376,000)	(1,376,000)	(2,752,000)
<i>Total for Fund 001-C</i>		<u>(1,376,000)</u>	<u>(1,376,000)</u>	<u>(2,752,000)</u>
Total Overall Funding		<u>(3,547,000)</u>	<u>(3,547,000)</u>	<u>(7,094,000)</u>

Department of Social and Health Services

DP Code/Title: PL-R3 Address Interim CD Medicaid Rates
Program Level - 070 BHSIA-Alcohol & Substance Abuse

Budget Period: 2015-17 Version: G1 070 2015-17 Final 2-YR LEG Budget

Recommendation Summary Text:

The Behavioral Health and Service Integration Administration (BHSIA) requests a short term rate increase for Medicaid chemical dependency/substance use disorder services in order to keep the chemical dependency/substance use disorder provider network viable until the rates of reimbursement have been actuarially certified and approved by the Centers for Medicare and Medicaid Services (CMS). By funding this request, BHSIA is expected to have continued essential services available statewide for Medicaid individuals with chemical dependency/substance use disorders.

Fiscal Detail:

<u>Operating Expenditures</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Overall Funding			
001-1 General Fund - Basic Account-State	6,938,000	0	6,938,000
001-C General Fund - Basic Account-Medicaid Federal	25,222,000	0	25,222,000
Total Cost	32,160,000	0	32,160,000

Staffing

Package Description:

Problem Statement:

The opportunity to expand Medicaid under the Affordable Care Act has resulted in an increased number of individuals becoming newly eligible for Medicaid services. An unintended consequence of this expansion has been a significant decrease in the amount that service providers are being reimbursed for the same services, provided to the same individuals who were previously treated as low-income eligible clients. The state Medicaid rates for services are significantly lower than the low-income rates of reimbursement paid to providers to serve people not eligible for Medicaid. If this request is not approved, there is a risk of reduced capacity to provide essential Medicaid services to those in need of chemical dependency/substance use disorder treatment. Raising the rate within existing funding was looked at as an option, but would only decrease access and capacity within the system for essential services. With the passage of ESSB 6002 Section 208 (7), the Legislature directed BHSIA, Division of Behavioral Health and Recovery (DBHR) to review differential rates paid for alcohol and substance abuse assessment and treatment services for Medicaid and non-Medicaid clients and the impact to providers as previously uninsured clients become eligible for services through the Medicaid expansion under the Affordable Care Act. With adequate revenue, providers will have the resources needed to retain staff and meet the increased need for persons who are in need of Medicaid eligible substance disorder treatment. This is a stop gap fee for service model while actuarially sound rates area being developed.

Proposed Solution:

SSB 6312 identifies the state purchasing of mental health and chemical dependency/substance use disorder treatment services and integration with managed care contracts and the creation of Behavioral Health Organizations (BHOs). These BHOs will be responsible for formulating their network of services within a defined regional area that will be identified later this fall. A temporary rate increase will help to keep providers statewide viable so that Medicaid individuals continue to have access to essential services during the period of transition to a managed care model.

The proposed implementation date of a vendor rate increase is for July 1, 2015. For the nine month period leading up to implementation of the BHOs in Fiscal Year 16, an 18.5 percent increase to GF-State is proposed for: outpatient group treatment, Parent Child Assistance Program (PCAP), Safe Babies Safe Moms (SBSM) and Pregnant and Parenting Women (PPW) Residential services.

Agency Contact: Martha Brenna (360) 902-8194

Department of Social and Health Services

DP Code/Title: PL-R3 Address Interim CD Medicaid Rates
Program Level - 070 BHSIA-Alcohol & Substance Abuse

Budget Period: 2015-17 Version: G1 070 2015-17 Final 2-YR LEG Budget

Program Contact: Tara Smith (360) 725-3701

Narrative Justification and Impact Statement

What specific performance outcomes does the agency expect?

Performance Measure Detail

Agency Level

	Incremental Changes	
	<u>FY 1</u>	<u>FY 2</u>
Activity: G015 Community Based Substance Abuse Treatment Services		
No measures linked to package	0.00	0.00
Activity: G085 Residential Substance Use Disorder Treatment Services		
No measures linked to package	0.00	0.00
Activity: G098 Support Services for Clients Receiving Substance Use Disorder Treatment		
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?

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 1.5: Increase outpatient chemical dependency/substance use disorder treatment retention for adults.

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 Association of County Human Services (ACHS), local county governments, PCAP Programs, and PPW residential providers will be in support of this proposal.

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 funding to redirect resources.

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

A temporary rate increase will help to keep providers statewide viable so that Medicaid individuals continue to have access to essential services during the period of transition to a managed care model.

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: PL-R3 Address Interim CD Medicaid Rates
Program Level - 070 BHSIA-Alcohol & Substance Abuse

Budget Period: 2015-17 Version: G1 070 2015-17 Final 2-YR LEG 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 change.

Expenditure and revenue calculations and assumptions

See attachment: BHSIA Address Interim CD Medicaid Rates.xls

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

The costs will change in future biennia as a result of implementation of the Behavioral Health Organizations.

<u>Object Detail</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Overall Funding			
N Grants, Benefits & Client Services	32,160,000	0	32,160,000

DSHS Source Code Detail

Overall Funding		<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	6,938,000	0	6,938,000
<i>Total for Fund 001-1</i>		<u>6,938,000</u>	<u>0</u>	<u>6,938,000</u>
Fund 001-C, General Fund - Basic Account-Medicaid Federal				
<u>Sources</u>	<u>Title</u>			
19TA	Title XIX Assistance (FMAP)	25,222,000	0	25,222,000
<i>Total for Fund 001-C</i>		<u>25,222,000</u>	<u>0</u>	<u>25,222,000</u>
Total Overall Funding		<u>32,160,000</u>	<u>0</u>	<u>32,160,000</u>

2015-17 Biennial Budget

BHSIA Address Interim CD Medicaid Rates

MEDIUM NON-MEDICAID RATE RANGE (Medium Group/No Detox)

	Annual Numbers		
	Total	GF-S	Federal
Outpatient	\$ 39,942,081	\$ 7,524,180	\$ 32,417,901
Residential	\$ 1,787,135	\$ 893,210	\$ 893,925
Youth Detox			
Adult Detox			
PPW Support Services	\$ 1,150,464	\$ 833,817	\$ 316,648
Annual Total	\$ 42,879,680	\$ 9,251,207	\$ 33,628,474

Outpatient, Residential, PPW Support Services			
	Total	GF-S	Federal
Annual Cost	\$ 42,879,680	\$ 9,251,207	\$ 33,628,474
July 2015 to March 2016 (9 months)	\$ 32,159,760	\$ 6,938,405	\$ 25,221,355

Department of Social and Health Services

DP Code/Title: PL-R4 Parent Child Assistance Program

Program Level - 070 BHSIA-Alcohol & Substance Abuse

Budget Period: 2015-17 Version: G1 070 2015-17 Final 2-YR LEG Budget

Recommendation Summary Text:

The Behavioral Health and Service Integration Administration (BHSIA) requests to restore the following reduction option that would eliminate funding for the Parent-Child Assistance program (PCAP), which supports mothers who are at high risk for alcohol and/or drug abuse during pregnancy. By not implementing this reduction, BHSIA will use these funds to support highest risk women and their drug affected infants and children in the contracted counties. BHSIA expects to assist 903 clients annually. Clients will not have difficulty connecting with community resources, accessing and retention in treatment, and receiving targeted intensive case management and other education components.

Fiscal Detail:

<u>Operating Expenditures</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Overall Funding			
001-1 General Fund - Basic Account-State	2,171,000	2,171,000	4,342,000
001-C General Fund - Basic Account-Medicaid Federal	1,376,000	1,376,000	2,752,000
Total Cost	3,547,000	3,547,000	7,094,000

Staffing

Package Description:

Please see PL-EA Parent Child Assistance Program.

Narrative Justification and Impact Statement

What specific performance outcomes does the agency expect?

Performance Measure Detail

Agency Level

Activity: G098 Support Services for Clients Receiving Substance Use Disorder Treatment

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?

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-R4 Parent Child Assistance Program

Program Level - 070 BHSIA-Alcohol & Substance Abuse

Budget Period: 2015-17 Version: G1 070 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>
Overall Funding			
N Grants, Benefits & Client Services	3,547,000	3,547,000	7,094,000
<u>DSHS Source Code Detail</u>			
Overall Funding	<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	2,171,000	2,171,000	4,342,000
<i>Total for Fund 001-1</i>	<u>2,171,000</u>	<u>2,171,000</u>	<u>4,342,000</u>
Fund 001-C, General Fund - Basic Account-Medicaid Federal			
<u>Sources</u> <u>Title</u>			
19TA Title XIX Assistance (FMAP)	1,376,000	1,376,000	2,752,000
<i>Total for Fund 001-C</i>	<u>1,376,000</u>	<u>1,376,000</u>	<u>2,752,000</u>
Total Overall Funding	<u>3,547,000</u>	<u>3,547,000</u>	<u>7,094,000</u>

Department of Social and Health Services

DP Code/Title: PL-R5 CD ITA Contracts

Program Level - 070 BHSIA-Alcohol & Substance Abuse

Budget Period: 2015-17 Version: G1 070 2015-17 Final 2-YR LEG Budget

Recommendation Summary Text:

The Behavioral Health and Service Integration Administration (BHSIA) requests to restore the reduction option that would eliminate Pioneer Center North (PCN) and Pioneer Center East's (PCE) contracts for adult involuntary residential treatment for client substance use disorder services and a building lease for Pioneer Center North. As the only involuntary treatment provider in the state, PCN and PCE specialize in treating 1,050 patients annually who are battling chronic addiction and have been unsuccessful in other treatment modalities. By not implementing this reduction, BHSIA expects clients to avoid experiencing more homelessness, increased incarceration in jails, increased medical costs, and emergency room visits.

Fiscal Detail:

Operating Expenditures

	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Overall Funding			
001-1 General Fund - Basic Account-State	6,440,000	6,440,000	12,880,000
Total Cost	6,440,000	6,440,000	12,880,000

Staffing

Package Description:

Please see PL-E9 CD ITA Contracts.

Narrative Justification and Impact Statement

What specific performance outcomes does the agency expect?

Performance Measure Detail

Agency Level

Activity: G085 Residential Substance Use Disorder Treatment 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?

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-R5 CD ITA Contracts
Program Level - 070 BHSIA-Alcohol & Substance Abuse

Budget Period: 2015-17 Version: G1 070 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>
Overall Funding			
N Grants, Benefits & Client Services	6,440,000	6,440,000	12,880,000

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	6,440,000	6,440,000	12,880,000
<i>Total for Fund 001-1</i>	6,440,000	6,440,000	12,880,000
Total Overall Funding	6,440,000	6,440,000	12,880,000

Department of Social and Health Services

DP Code/Title: PL-R7 Safe Babies Safe Moms
Program Level - 070 BHSIA-Alcohol & Substance Abuse

Budget Period: 2015-17 Version: G1 070 2015-17 Final 2-YR LEG Budget

Recommendation Summary Text:

The Behavioral Health and Service Integration Administration (BHSIA) requests to restore the following reduction option that would eliminate funding for Safe Babies, Safe Moms (SBSM). These funds are used to support highest risk women and their drug affected infants and children in the contracted counties. These women are pregnant or parenting, alcohol and/or drug abusing, with a history of multiple system involvement and need services of longer duration and greater intensity than women enrolled in or served by the current First Steps program. By not implementing this reduction, BHSIA expects to positively impact approximately 590 clients annually, which should result in clients connecting with community resources, targeted intensive case management, and other education components.

Fiscal Detail:

<u>Operating Expenditures</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Overall Funding			
001-1 General Fund - Basic Account-State	895,000	895,000	1,790,000
001-C General Fund - Basic Account-Medicaid Federal	713,000	713,000	1,426,000
Total Cost	1,608,000	1,608,000	3,216,000

Staffing

Package Description:

Please see decision package PL-E7 Safe Babies Safe Moms.

Narrative Justification and Impact Statement

What specific performance outcomes does the agency expect?

Performance Measure Detail

Agency Level

Activity: G098 Support Services for Clients Receiving Substance Use Disorder Treatment

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?

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?

Department of Social and Health Services

DP Code/Title: PL-R7 Safe Babies Safe Moms
Program Level - 070 BHSIA-Alcohol & Substance Abuse

Budget Period: 2015-17 Version: G1 070 2015-17 Final 2-YR LEG Budget

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?

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>
Overall Funding			
N Grants, Benefits & Client Services	1,608,000	1,608,000	3,216,000
<u>DSHS Source Code Detail</u>			
Overall Funding	<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	895,000	895,000	1,790,000
<i>Total for Fund 001-1</i>	<u>895,000</u>	<u>895,000</u>	<u>1,790,000</u>
Fund 001-C, General Fund - Basic Account-Medicaid Federal			
<u>Sources</u> <u>Title</u>			
19TA Title XIX Assistance (FMAP)	713,000	713,000	1,426,000
<i>Total for Fund 001-C</i>	<u>713,000</u>	<u>713,000</u>	<u>1,426,000</u>
Total Overall Funding	<u>1,608,000</u>	<u>1,608,000</u>	<u>3,216,000</u>

Department of Social and Health Services

DP Code/Title: PL-R9 Parent Trust

Program Level - 070 BHSIA-Alcohol & Substance Abuse

Budget Period: 2015-17 Version: G1 070 2015-17 Final 2-YR LEG Budget

Recommendation Summary Text:

The Behavioral Health and Service Integration Administration (BHSIA) requests to restore the reduction option that would eliminate funding for Parent Trust parenting education services for Families In Recovery (FIR) provided in Pregnant and Parenting Women (PPW) residential chemical dependency treatment programs. By not implementing this reduction, BHSIA expects 8,062 clients each year to have access to research-based parenting education and family support services in residential chemical dependency treatment centers.

Fiscal Detail:

Operating Expenditures

	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Overall Funding			
001-1 General Fund - Basic Account-State	100,000	100,000	200,000
Total Cost	100,000	100,000	200,000

Staffing

Package Description:

Please see decision package PL-E5 Parent Trust.

Narrative Justification and Impact Statement

What specific performance outcomes does the agency expect?

Performance Measure Detail

Agency Level

Activity: **G098 Support Services for Clients Receiving Substance Use Disorder Treatment**

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?

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?

Department of Social and Health Services

DP Code/Title: PL-R9 Parent Trust

Program Level - 070 BHSIA-Alcohol & Substance Abuse

Budget Period: 2015-17 Version: G1 070 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>
Overall Funding			
N Grants, Benefits & Client Services	100,000	100,000	200,000

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	100,000	100,000	200,000
<i>Total for Fund 001-1</i>	100,000	100,000	200,000
Total Overall Funding	100,000	100,000	200,000

Department of Social and Health Services

DP Code/Title: PL-RB Repeat DUI Offender Services
Program Level - 070 BHSIA-Alcohol & Substance Abuse

Budget Period: 2015-17 Version: G1 070 2015-17 Final 2-YR LEG Budget

Recommendation Summary Text:

The Behavioral Health and Service Integration Administration (BHSIA) requests to restore the following reduction option that would reduce substance abuse treatment for non-Medicaid eligible individuals with a history of repeat driving under the influence (RDUI) offenses. By not implementing this reduction, 17 individuals will receive substance abuse treatment.

Fiscal Detail:

<u>Operating Expenditures</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Overall Funding			
001-1 General Fund - Basic Account-State	21,000	21,000	42,000
Total Cost	21,000	21,000	42,000

Staffing

Package Description:

Please see decision package PL - E3 Repeat DUI Offender Services.

Narrative Justification and Impact Statement

What specific performance outcomes does the agency expect?

Performance Measure Detail

Agency Level

Activity: G015 Community Based Substance Abuse Treatment 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?

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?

Expenditure and revenue calculations and assumptions

Department of Social and Health Services

DP Code/Title: PL-RB Repeat DUI Offender Services
Program Level - 070 BHSIA-Alcohol & Substance Abuse

Budget Period: 2015-17 Version: G1 070 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?

<u>Object Detail</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Overall Funding			
N Grants, Benefits & Client Services	21,000	21,000	42,000

DSHS Source Code Detail

Overall Funding	<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	21,000	21,000	42,000
<i>Total for Fund 001-1</i>	21,000	21,000	42,000
Total Overall Funding	21,000	21,000	42,000

Department of Social and Health Services

DP Code/Title: PL-RC Family Hardship
Program Level - 070 BHSIA-Alcohol & Substance Abuse

Budget Period: 2015-17 Version: G1 070 2015-17 Final 2-YR LEG Budget

Recommendation Summary Text:

The Behavioral Health and Service Integration Administration (BHSIA) requests to restore the following reduction option that would eliminate funding for the family hardship funds used to support youth and their families to participate in residential treatment. The funds have been used to help cover the cost of transportation to and from the treatment facility and for lodging. By not implementing this reduction, BHSIA expects 171 families to be impacted annually which is likely to result in youth residential treatment family participation in residential treatment.

Fiscal Detail:

<u>Operating Expenditures</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Overall Funding			
001-1 General Fund - Basic Account-State	80,000	80,000	160,000
Total Cost	80,000	80,000	160,000

Staffing

Package Description:

Please see decision package PL-E2 Family Hardship.

Narrative Justification and Impact Statement

What specific performance outcomes does the agency expect?

Performance Measure Detail

Agency Level

Activity: G085 Residential Substance Use Disorder Treatment 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?

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?

Department of Social and Health Services

DP Code/Title: PL-RC Family Hardship
Program Level - 070 BHSIA-Alcohol & Substance Abuse

Budget Period: 2015-17 Version: G1 070 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>
Overall Funding			
N Grants, Benefits & Client Services	80,000	80,000	160,000

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	80,000	80,000	160,000
<i>Total for Fund 001-1</i>	<u>80,000</u>	<u>80,000</u>	<u>160,000</u>
Total Overall Funding	80,000	80,000	160,000

Department of Social and Health Services

DP Code/Title: PL-RD FAS Evaluation Training
Program Level - 070 BHSIA-Alcohol & Substance Abuse

Budget Period: 2015-17 Version: G1 070 2015-17 Final 2-YR LEG Budget

Recommendation Summary Text:

The Behavioral Health and Service Integration Administration (BHSIA) requests to restore the following reduction option that would eliminate funding for the Fetal Alcohol Syndrome Diagnostic and Prevention Network (FASDPN) funds used to conduct training sessions for professionals statewide to facilitate their understanding of Fetal Alcohol Spectrum Disorders (FASD), their role in identifying and providing complex intervention needs for individuals with FASD, and how to identify birth mothers of children diagnosed with FASD, while assisting them in avoiding subsequent fetal alcohol exposed births by referral to existing treatment programs. By not implementing this reduction, BHSIA expects to impact community members in the medical, social service, education, and justice professions, which will continue FASD education, awareness and overall visibility in our state as a whole.

Fiscal Detail:

<u>Operating Expenditures</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Overall Funding			
001-1 General Fund - Basic Account-State	354,000	354,000	708,000
Total Cost	354,000	354,000	708,000

Staffing

Package Description:

Please see decision package PL-E1 FAS Evaluation Training.

Narrative Justification and Impact Statement

What specific performance outcomes does the agency expect?

Performance Measure Detail

Agency Level

Activity: **G098 Support Services for Clients Receiving Substance Use Disorder Treatment**

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?

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?

Department of Social and Health Services

DP Code/Title: PL-RD FAS Evaluation Training
Program Level - 070 BHSIA-Alcohol & Substance Abuse

Budget Period: 2015-17 Version: G1 070 2015-17 Final 2-YR LEG Budget

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?

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>
Overall Funding			
E Goods\Other Services	354,000	354,000	708,000

DSHS Source Code Detail

Overall Funding	<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	354,000	354,000	708,000
<i>Total for Fund 001-1</i>	354,000	354,000	708,000
Total Overall Funding	354,000	354,000	708,000

Department of Social and Health Services

DP Code/Title: PL-RE FAS Satellite Evaluation Sites
Program Level - 070 BHSIA-Alcohol & Substance Abuse

Budget Period: 2015-17 Version: G1 070 2015-17 Final 2-YR LEG Budget

Recommendation Summary Text:

The Behavioral Health and Service Integration Administration (BHSIA) requests to restore the following reduction option that would eliminate funding for the Fetal Alcohol Syndrome Diagnostic (FASD) Network Satellite Sites used to provide diagnostic and treatment referral services to individuals of all ages with fetal alcohol exposure, offer FAS screening and surveillance for high-risk populations, and deliver identification and referral of high-risk mothers to intervention programs. By not implementing this reduction, BHSIA expects there to be a continuance in FASD diagnostic options, awareness, and overall visibility in our state as a whole.

Fiscal Detail:

<u>Operating Expenditures</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Overall Funding			
001-1 General Fund - Basic Account-State	100,000	100,000	200,000
Total Cost	100,000	100,000	200,000

Staffing

Package Description:

Please see decision package PL- E0 FAS Satellite Evaluation Sites.

Narrative Justification and Impact Statement

What specific performance outcomes does the agency expect?

Performance Measure Detail

Agency Level

Activity: **G098 Support Services for Clients Receiving Substance Use Disorder Treatment**

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?

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-RE FAS Satellite Evaluation Sites
Program Level - 070 BHSIA-Alcohol & Substance Abuse

Budget Period: 2015-17 Version: G1 070 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>
Overall Funding			
E Goods\Other Services	100,000	100,000	200,000

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	100,000	100,000	200,000
<i>Total for Fund 001-1</i>	<u>100,000</u>	<u>100,000</u>	<u>200,000</u>
Total Overall Funding	100,000	100,000	200,000

Special Reports

Activity Inventory Report

DSHS Budget Division

300 - Dept of Social and Health Services

G008 Chemical Dependency Prevention Services

Prevention Services are contracted by the Division of Behavioral Health and Recovery (DBHR) through Counties, the Office of the Superintendent of Public Instruction, or with community based providers. Prevention Services are designed to prevent or reduce the misuse and abuse of alcohol, marijuana, tobacco, and other drugs. Services include prevention education, best-practices, training, public education and awareness, technical support, and other substance abuse resources for providers and clients.

Program 070 - Alcohol And Substance Abuse

Account	FY 2016	FY 2017	Biennial Total
001 General Fund			
001-2 Federal	\$8,492,000	\$8,495,000	\$16,987,000

Statewide Result Area: Healthy and Safe Communities

Statewide Strategy: Provide access to health care

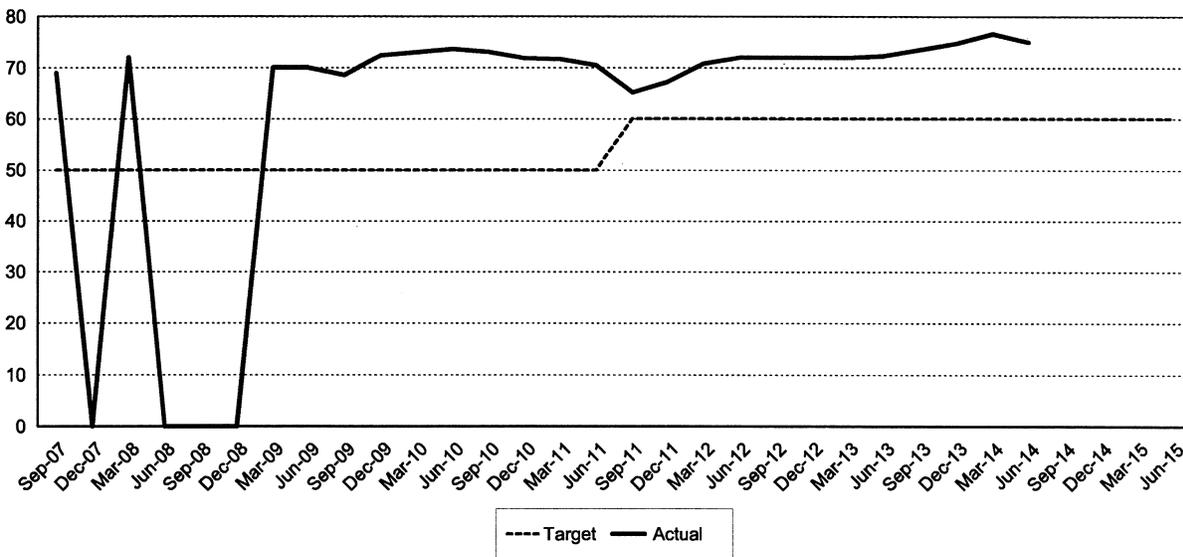
Expected Results

Prevent or reduce the misuse and abuse of alcohol, marijuana, tobacco, and other drugs.

001214 The increase in the percentage of planned prevention programs with evidence-based practices (EBPs)			
Biennium	Period	Actual	Target
2013-15	Q8		60%
	Q7		60%
	Q6		60%
	Q5		60%
	Q4	75%	60%
	Q3	76.69%	60%
	Q2	74.77%	60%
	Q1	73.49%	60%
2011-13	Q8	72.34%	60%
	Q7	71.94%	60%
	Q6	71.94%	60%
	Q5	71.94%	60%
	Q4	71.94%	60%
	Q3	70.77%	60%
	Q2	67.27%	60%
	Q1	65.22%	60%

Performance Measure Status: Draft

Percent 001214 - Percent of prevention programs that represent evidence based, best or promising practice



G015 Community Based Substance Abuse Treatment Services

Appropriation Period: 2015-17 Activity Version: 11 - 2015-17 2-YR Agency Req Program:070 Sort By: Activity

Currently county managed services are community based, non-residential treatment services. The Division of Behavioral Health and Recovery (DBHR) contracts directly with counties and tribes for outpatient treatment services. Counties, in turn, contract with the provider networks in their communities. Services include, but are not limited to, assessment, outpatient treatment, triage services including non-hospital detoxification services, outreach, intervention, referral, and opiate substitution treatment. If clients are Medicaid eligible, the counties use Medicaid matching funds to maximize available services. With the implementation of ACA and Expanded Medicaid, clients are predominately Medicaid eligible adults and youth.

With the passage of 6312 the process for contracting with counties and providers will no longer be as it is currently described. 6312 requires the implementation of an integrated Behavioral Health managed care system that will establish regional Behavioral Health Organizations (BHO) as the contracting entity for Community Based Substance Use Disorder Treatment. The establishment of BHO's and the inclusion of both Mental Health and Substance Use Disorder Treatment under managed care will give an opportunity for Substance Use Disorder Treatment to become a forecasted program.

Program 070 - Alcohol And Substance Abuse

Account	FY 2016	FY 2017	Biennial Total
05C Criminal Justice Treatment Account			
05C-1 State	\$5,719,000	\$5,720,000	\$11,439,000
001 General Fund			
001-1 State	\$39,790,000	\$34,200,000	\$73,990,000
001-2 Federal	\$6,086,000	\$6,103,000	\$12,189,000
001-7 Private/Local	\$3,621,000	\$861,000	\$4,482,000
001-C Medicaid Federal	\$96,639,000	\$72,391,000	\$169,030,000
001 Account Total	\$146,136,000	\$113,555,000	\$259,691,000

Statewide Result Area: Healthy and Safe Communities

Statewide Strategy: Provide access to health care

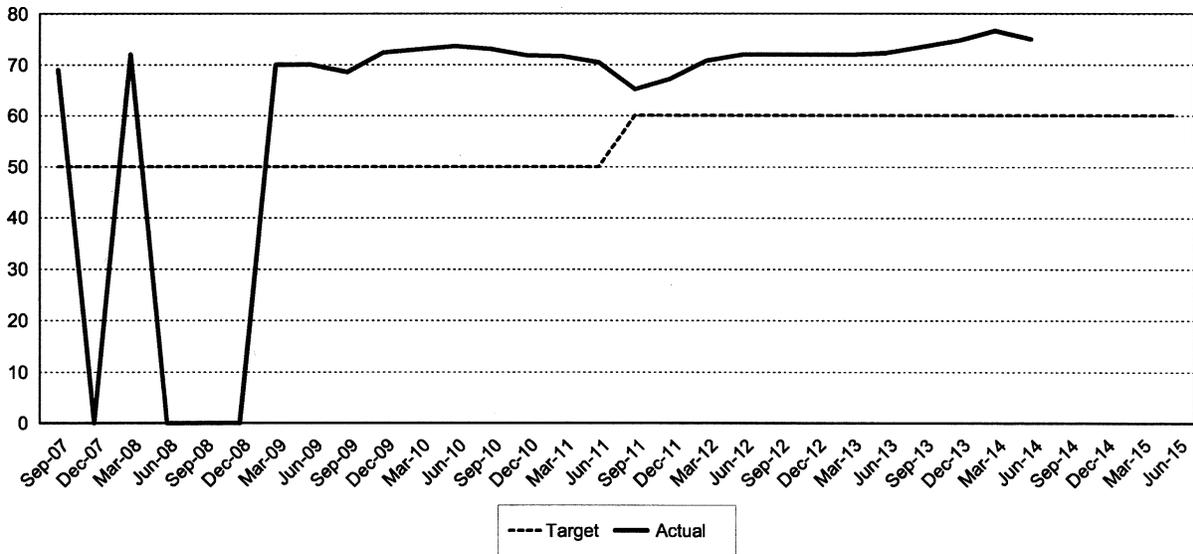
Expected Results

Implement a continuum of intervention and treatment services to meet local, regional, tribal, and statewide needs, which specifically address the needs of adults, youth, women, children, and families.

001214 The increase in the percentage of planned prevention programs with evidence-based practices (EBPs)			
Biennium	Period	Actual	Target
2013-15	Q8		60%
	Q7		60%
	Q6		60%
	Q5		60%
	Q4	75%	60%
	Q3	76.69%	60%
	Q2	74.77%	60%
	Q1	73.49%	60%
2011-13	Q8	72.34%	60%
	Q7	71.94%	60%
	Q6	71.94%	60%
	Q5	71.94%	60%
	Q4	71.94%	60%
	Q3	70.77%	60%
	Q2	67.27%	60%
	Q1	65.22%	60%

Performance Measure Status: Draft

Percent 001214 - Percent of prevention programs that represent evidence based, best or promising practice



Appropriation Period: 2015-17 Activity Version: 11 - 2015-17 2-YR Agency Req Program:070 Sort By: Activity

Program Support provides the administrative support for alcohol and substance abuse services. Activities include statewide program development, strategic planning, information system management, personnel, budget oversight, training, technical assistance, contract monitoring, and research and evaluation.

Program 070 - Alcohol And Substance Abuse

Account	FY 2016	FY 2017	Biennial Total
FTE			
996-Z Other	81.4	75.1	78.3
05C Criminal Justice Treatment Account			
05C-1 State	\$269,000	\$270,000	\$539,000
315 Dedicated Marijuana Account			
315-1 State	\$3,000,000	\$15,000,000	\$18,000,000
001 General Fund			
001-1 State	\$4,233,000	\$3,728,000	\$7,961,000
001-2 Federal	\$13,092,000	\$11,740,000	\$24,832,000
001-7 Private/Local	\$780,000	\$787,000	\$1,567,000
001-C Medicaid Federal	\$951,000	\$974,000	\$1,925,000
001 Account Total	\$19,056,000	\$17,229,000	\$36,285,000
08K Problem Gambling Account			
08K-1 State	\$725,000	\$728,000	\$1,453,000

Statewide Result Area: Healthy and Safe Communities

Statewide Strategy: Provide access to health care

Expected Results

Provide and ensure quality services that support individuals and families in their efforts to raise children who are free of alcohol, marijuana, tobacco, and other drugs.

G085 Residential Substance Use Disorder Treatment Services

Residential chemical dependency treatment includes intensive inpatient, long term, recovery house, and involuntary treatment services. These services are designed to treat individuals who are experiencing substance abuse and addiction problems. Residential treatment serves youth, pregnant/postpartum women, and clients who are Medicaid-eligible. Services are contracted directly with residential providers.

Program 070 - Alcohol And Substance Abuse

Account	FY 2016	FY 2017	Biennial Total
001 General Fund			
001-1 State	\$21,576,000	\$20,809,000	\$42,385,000
001-2 Federal	\$14,898,000	\$14,915,000	\$29,813,000
001-C Medicaid Federal	\$17,628,000	\$17,074,000	\$34,702,000
001 Account Total	\$54,102,000	\$52,798,000	\$106,900,000

Statewide Result Area: Healthy and Safe Communities

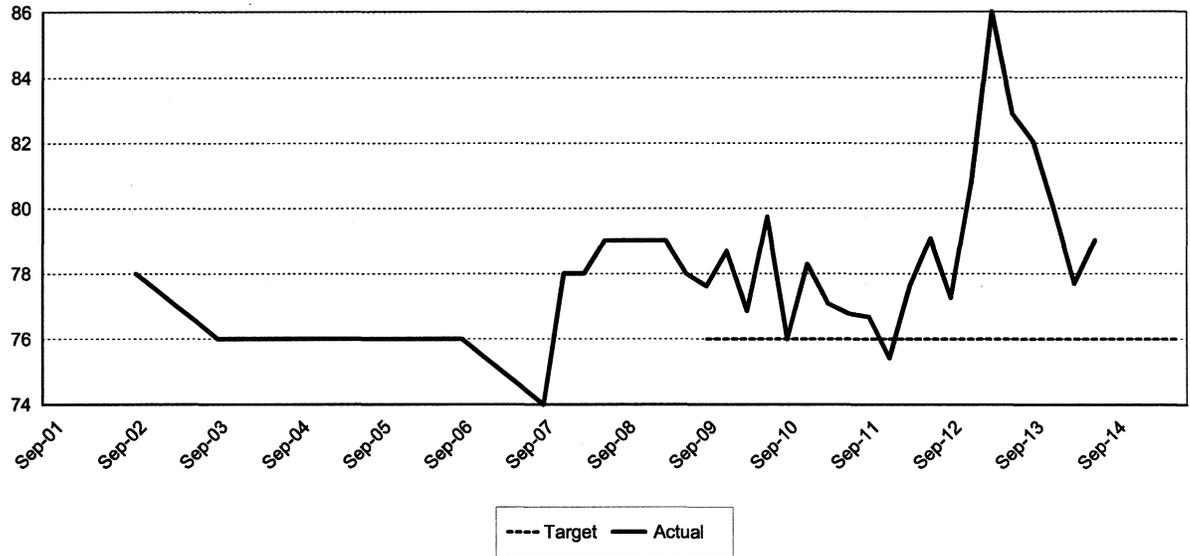
Statewide Strategy: Provide access to health care

Expected Results

Implement a continuum of intervention and treatment services to meet local, regional, tribal, and statewide needs, which specifically address the needs of adults, youth, women, children, and families.

001215 The increase in the percentage of adults successfully completing ITA Long Term Residential treatment			
Biennium	Period	Actual	Target
2013-15	Q8		76%
	Q7		76%
	Q6		76%
	Q5		76%
	Q4	79.01%	76%
	Q3	77.68%	76%
	Q2	79.96%	76%
	Q1	82.04%	76%
2011-13	Q8	82.89%	76%
	Q7	86%	76%
	Q6	80.76%	76%
	Q5	77.26%	76%
	Q4	79.07%	76%
	Q3	77.63%	76%
	Q2	75.43%	76%
	Q1	76.67%	76%
Performance Measure Status: Draft			

Percent 001215 - Percent of adults completing ITA Long-Term Residential treatment



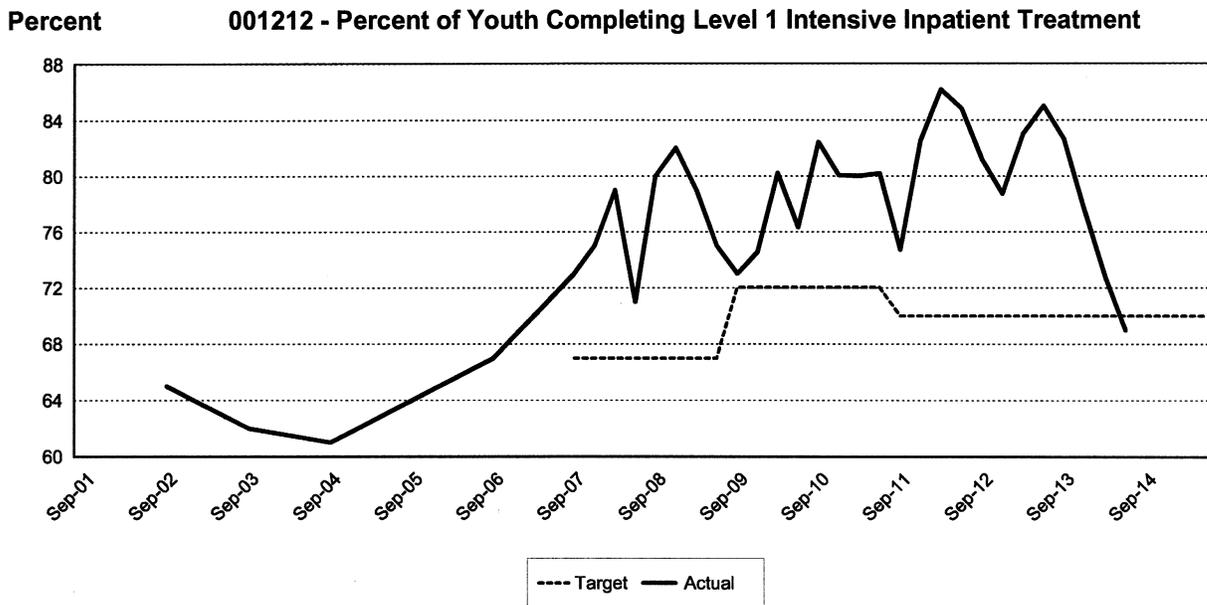
ACT001 - Agency Activity Inventory by Agency

Dept of Social and Health Services

BDS Activity - Version 11 - 070

Appropriation Period: 2015-17 Activity Version: 11 - 2015-17 2-YR Agency Req Program:070 Sort By: Activity

001212 The increase in the percentage of youth successfully completing Level I IIP treatment.			
Biennium	Period	Actual	Target
2013-15	Q8		70%
	Q7		70%
	Q6		70%
	Q5		70%
	Q4	68.99%	70%
	Q3	72.73%	70%
	Q2	77.5%	70%
	Q1	82.64%	70%
2011-13	Q8	85%	70%
	Q7	83.01%	70%
	Q6	78.71%	70%
	Q5	81.17%	70%
	Q4	84.81%	70%
	Q3	86.16%	70%
	Q2	82.5%	70%
	Q1	74.71%	70%
Performance Measure Status: Draft			



G098 Support Services for Clients Receiving Substance Use Disorder Treatment

Support Services assists Medicaid eligible or low income clients or their dependents in treatment. Support services are contracted directly by the Division of Behavior Health and Recovery (DBHR) and include special programs for youth and pregnant/postpartum women, Fetal Alcohol Syndrome, counselor training, interpreter services, childcare, Native American government to government contracts.

ACT001 - Agency Activity Inventory by Agency

Dept of Social and Health Services

BDS Activity - Version 11 - 070

Appropriation Period: 2015-17 Activity Version: 11 - 2015-17 2-YR Agency Req Program:070 Sort By: Activity

Program 070 - Alcohol And Substance Abuse

Account	FY 2016	FY 2017	Biennial Total
001 General Fund			
001-1 State	\$5,841,000	\$5,361,000	\$11,202,000
001-2 Federal	\$3,334,000	\$3,261,000	\$6,595,000
001-7 Private/Local	\$5,700,000	\$8,462,000	\$14,162,000
001-C Medicaid Federal	\$27,409,000	\$27,049,000	\$54,458,000
001 Account Total	\$42,284,000	\$44,133,000	\$86,417,000

Statewide Result Area: Healthy and Safe Communities

Statewide Strategy: Provide access to health care

Expected Results

Provide clients the supports they need to prevent or reduce the misuse and abuse of alcohol, marijuana, tobacco, and other drugs.

Grand Total

	FY 2016	FY 2017	Biennial Total
FTE's	81.4	75.1	78.3
GFS	\$71,440,000	\$64,098,000	\$135,538,000
Other	\$208,343,000	\$193,830,000	\$402,173,000
Total	\$279,783,000	\$257,928,000	\$537,711,000

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: G015 Community Based Substance Abuse Treatment Services

070	M2	70	Lcl. Auth. Medicaid Elig. Services	No measures linked to decision package
070	M2	76	6312 (2014 Session) Implementation	No measures linked to decision package
070	PL	E3	Repeat DUI Offender Services	No measures linked to decision package
070	PL	R3	Address Interim CD Medicaid Rates	No measures linked to decision package
070	PL	RB	Repeat DUI Offender Services	No measures linked to decision package

Activity: G022 DASA Administration

070	M2	72	Initiative 502	No measures linked to decision package
070	M2	72	Initiative 502	No measures linked to activity
070	M2	73	Behavioral Health Service Data	No measures linked to activity
070	M2	73	Behavioral Health Service Data	No measures linked to decision package
070	M2	74	Federal Authority BRIDGES Grant	No measures linked to decision package
070	M2	74	Federal Authority BRIDGES Grant	No measures linked to activity
070	M2	75	Federal Authority PFS Grant	No measures linked to activity
070	M2	75	Federal Authority PFS Grant	No measures linked to decision package
070	M2	8L	Lease Rate Adjustments	No measures linked to decision package
070	M2	8L	Lease Rate Adjustments	No measures linked to activity
070	M2	9G	Workers Comp Base Correction	No measures linked to activity
070	M2	9G	Workers Comp Base Correction	No measures linked to decision package
070	M2	9T	Transfers	No measures linked to decision package
070	M2	9T	Transfers	No measures linked to activity

Activity: G085 Residential Substance Use Disorder Treatment Services

070	M2	76	6312 (2014 Session) Implementation	No measures linked to decision package
070	PL	E2	Family Hardship	No measures linked to decision package
070	PL	E9	CD ITA Contracts	No measures linked to decision package
070	PL	R3	Address Interim CD Medicaid Rates	No measures linked to decision package
070	PL	R5	CD ITA Contracts	No measures linked to decision package
070	PL	RC	Family Hardship	No measures linked to decision package

**Agency Performance Measure
Incremental Estimates for the Biennial Budget**

Agency: 300 Dept of Social and Health Services Budget Period: 2015-17

Activity: G098 Support Services for Clients Receiving Substance Use Disorder Treatment

070	PL	E0	FAS Satellite Evaluation Sites	No measures linked to decision package
070	PL	E0	FAS Satellite Evaluation Sites	No measures linked to activity
070	PL	E1	FAS Evaluation Training	No measures linked to activity
070	PL	E1	FAS Evaluation Training	No measures linked to decision package
070	PL	E5	Parent Trust	No measures linked to decision package
070	PL	E5	Parent Trust	No measures linked to activity
070	PL	E7	Safe Babies Safe Moms	No measures linked to activity
070	PL	E7	Safe Babies Safe Moms	No measures linked to decision package
070	PL	EA	Parent Child Assistance Program	No measures linked to decision package
070	PL	EA	Parent Child Assistance Program	No measures linked to activity
070	PL	R3	Address Interim CD Medicaid Rates	No measures linked to activity
070	PL	R3	Address Interim CD Medicaid Rates	No measures linked to decision package
070	PL	R4	Parent Child Assistance Program	No measures linked to decision package
070	PL	R4	Parent Child Assistance Program	No measures linked to activity
070	PL	R7	Safe Babies Safe Moms	No measures linked to activity
070	PL	R7	Safe Babies Safe Moms	No measures linked to decision package
070	PL	R9	Parent Trust	No measures linked to decision package
070	PL	R9	Parent Trust	No measures linked to activity
070	PL	RD	FAS Evaluation Training	No measures linked to activity
070	PL	RD	FAS Evaluation Training	No measures linked to decision package
070	PL	RE	FAS Satellite Evaluation Sites	No measures linked to decision package
070	PL	RE	FAS Satellite Evaluation Sites	No measures linked to activity

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

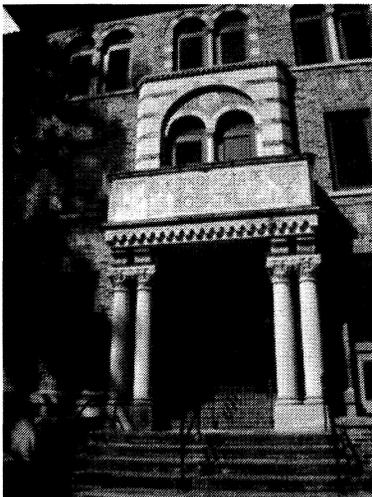
PROTECTION – Each individual who is vulnerable will be protected.

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 (AL TSA).

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.

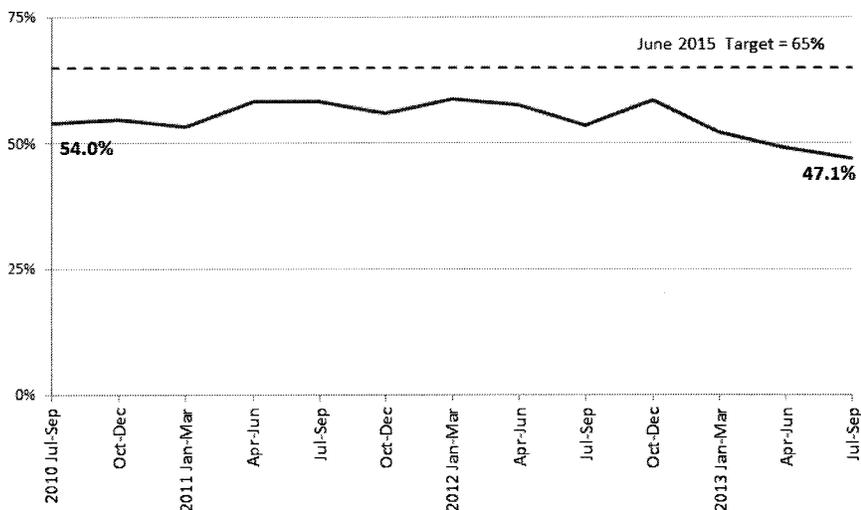
Action Plan: Monitor RSN performance in increasing percentage toward individual targets and use a combination of corrective action and statewide process improvement to impact the percentage of consumers seen within seven days of discharge from inpatient settings. Trends for these measures will be impacted 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

Statewide Average



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.

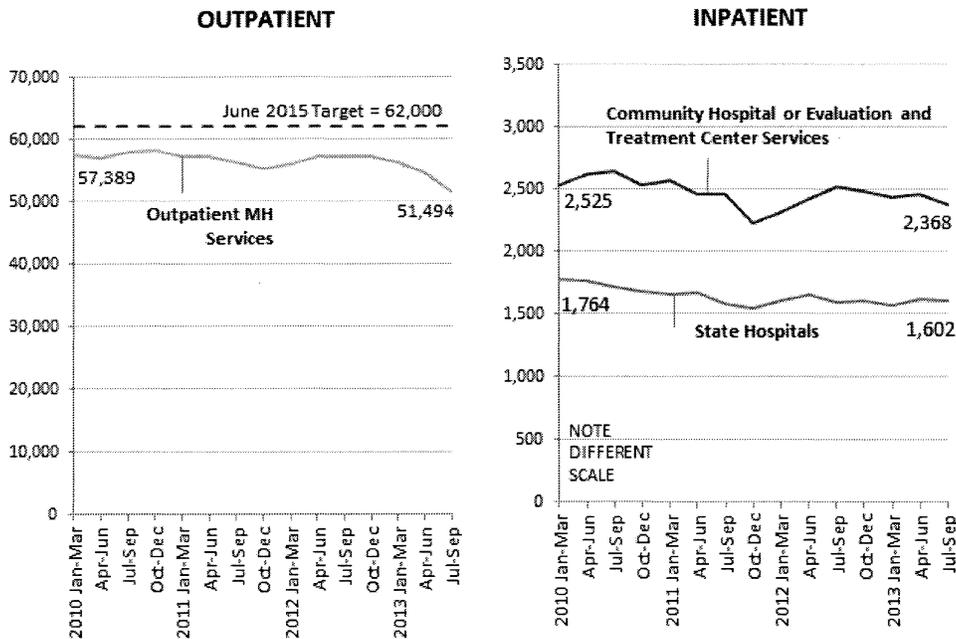
Action Plan: The measures will be impacted in coming months by the combination of the planned actions described in the plan below and the growth in population served due to Medicaid expansion. We expect to see impact when the data is available for the period after newly eligible populations began entering 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.

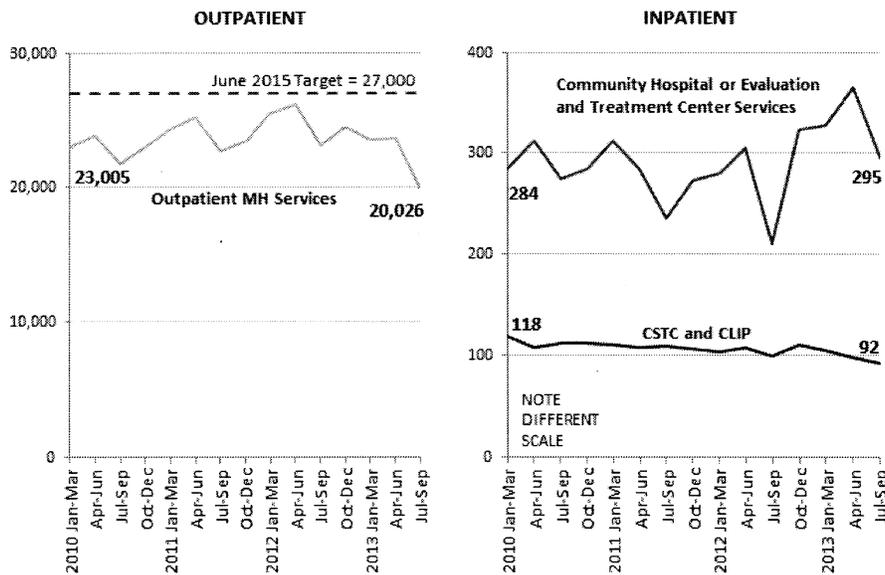
Action Plan: Utilize the Key Children’s Mental Health Improvement Strategies identified in the System of Care initiative and the Children’s Mental Health Redesign plan. The measures will be impacted in coming months of the planned actions described in the plan below and growth in population served due 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

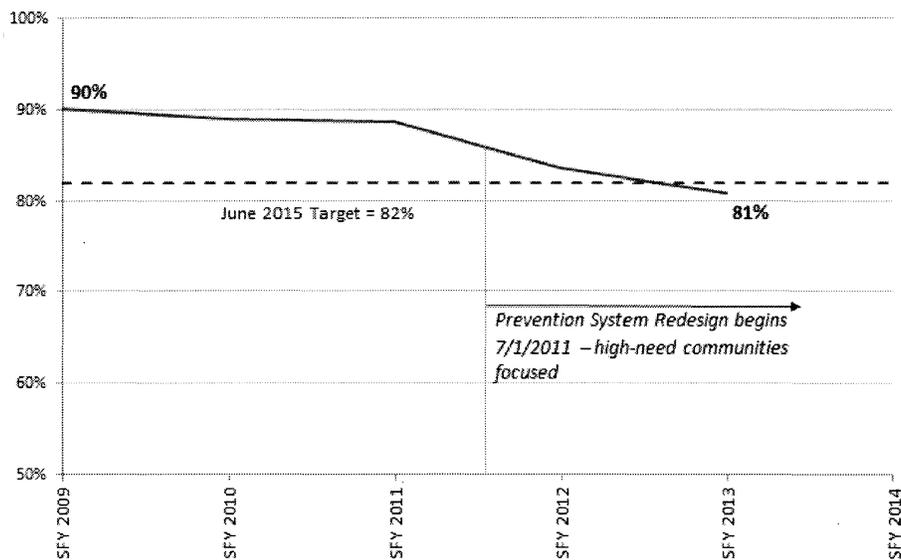


with the performance targets included in their contracts with DSHS. Currently all providers are in compliance with the requirement for EBPs. Managers will not approve programs for implementation unless the EBP requirements are met.

- Effective July 2014, implement the Initiative 502 requirement for prevention programs that will reduce marijuana use, of which 85 percent must be evidence-based.

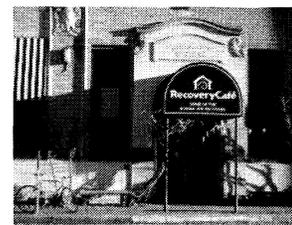
See analysis and plan at: [BHSIA Action Plan 1.4 – Marijuana](#) and [BHSIA Action Plan 1.4 - Alcohol](#)

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.

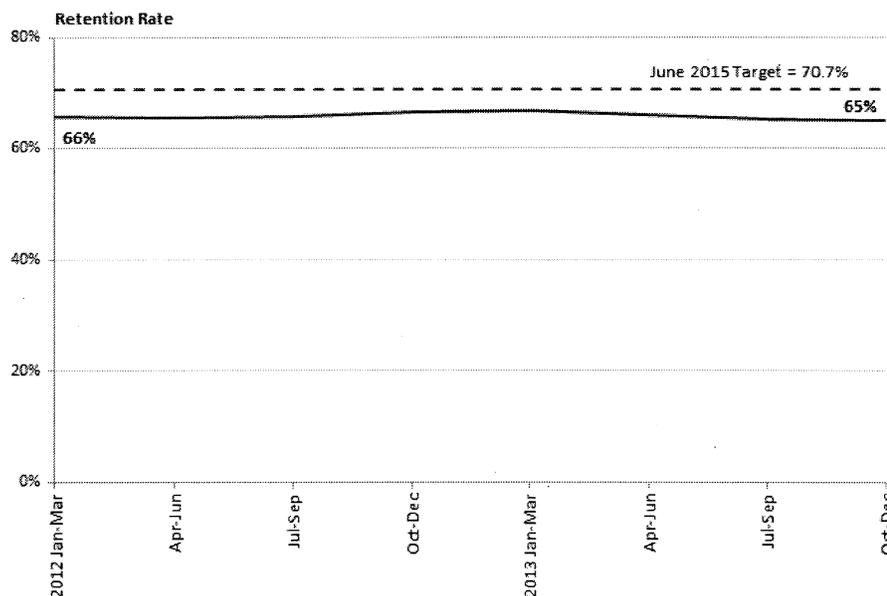
Action Plan:

- 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*

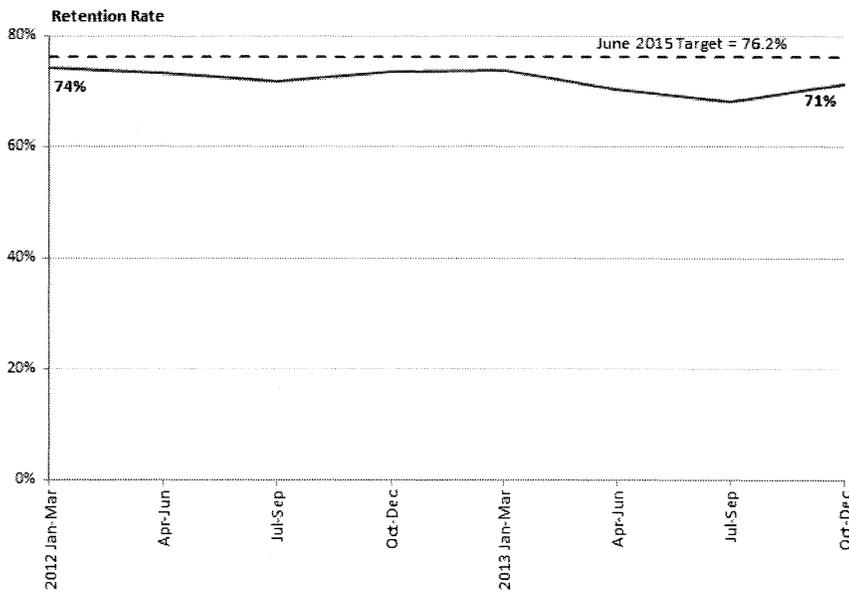


Action Plan:

- 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



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.

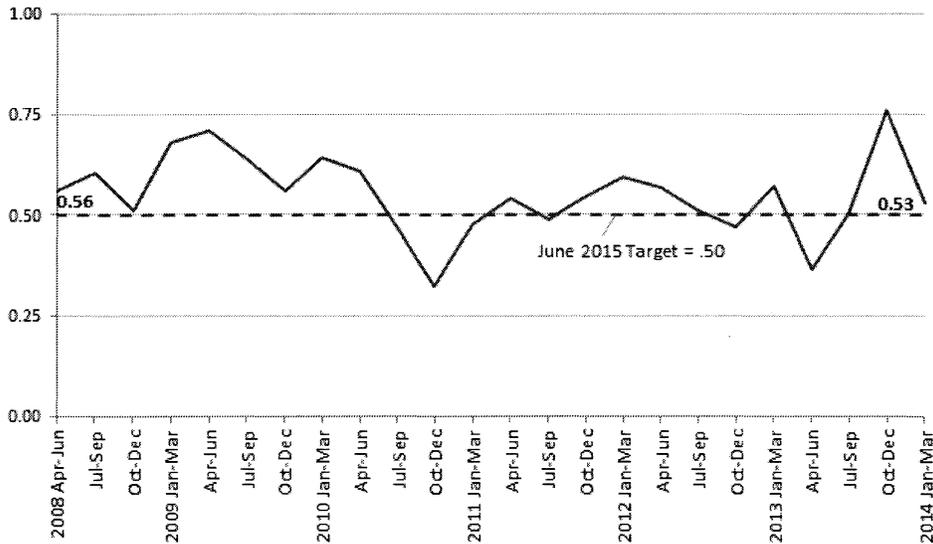
Action Plan:

- 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.

“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.”

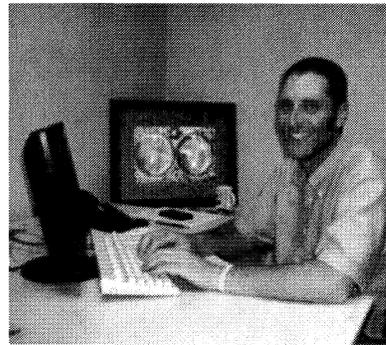
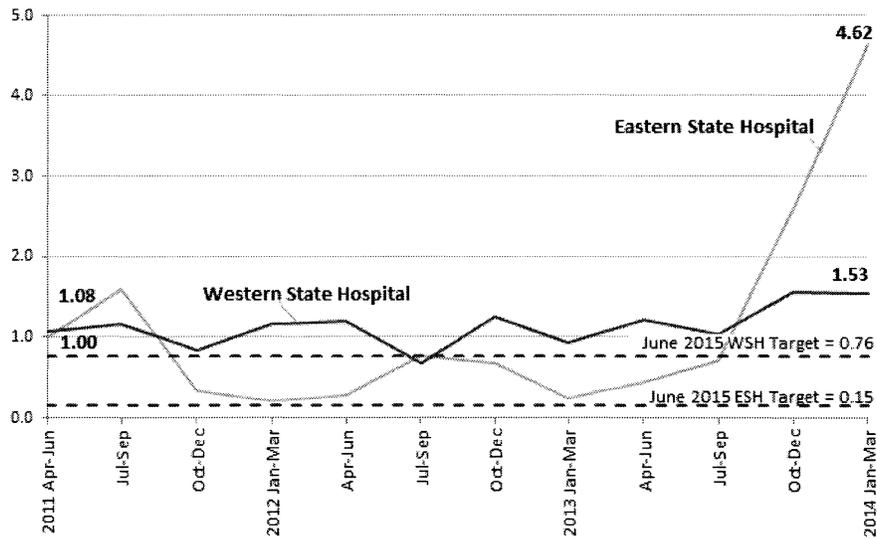


CHART 1.8 Decrease the quarterly rates of seclusion hours at Eastern State Hospital from the fourth quarter FY 2013 rate of 0.24 per 1,000 patient hours to 0.15 by June 30, 2015. Decrease the rates of seclusion at Western State Hospital from the fourth quarter FY 2013 rate of 1.05 per 1,000 inpatient 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:

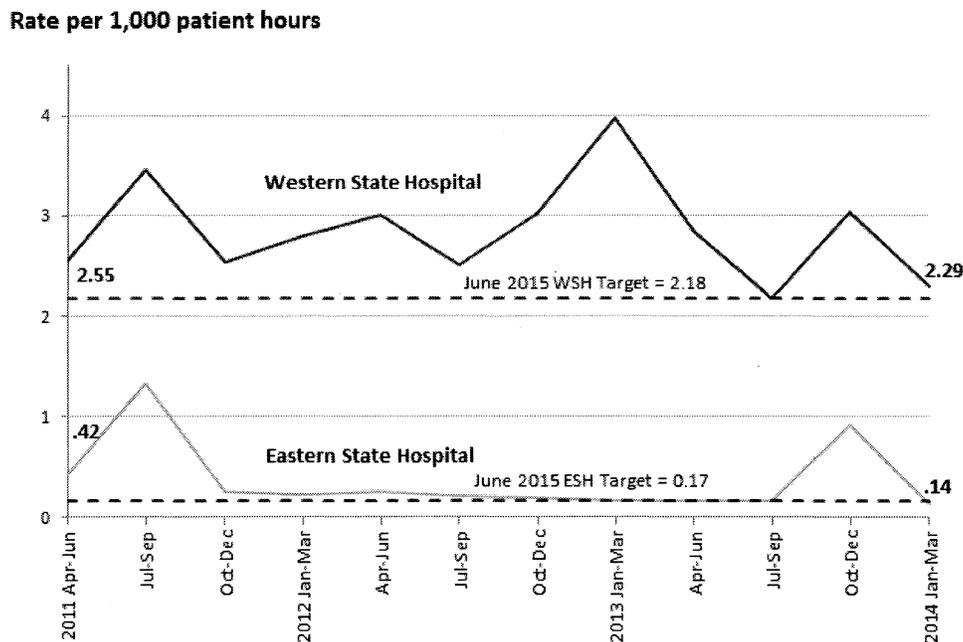
- Continue to provide training in therapeutic options to assist staff in using clinical interventions that reduce the need for restraint. The treatment options will be consistent with the patient's safety plan, which is developed by the patient and his/her treatment team.
- Continue daily review by clinical 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."



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



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.

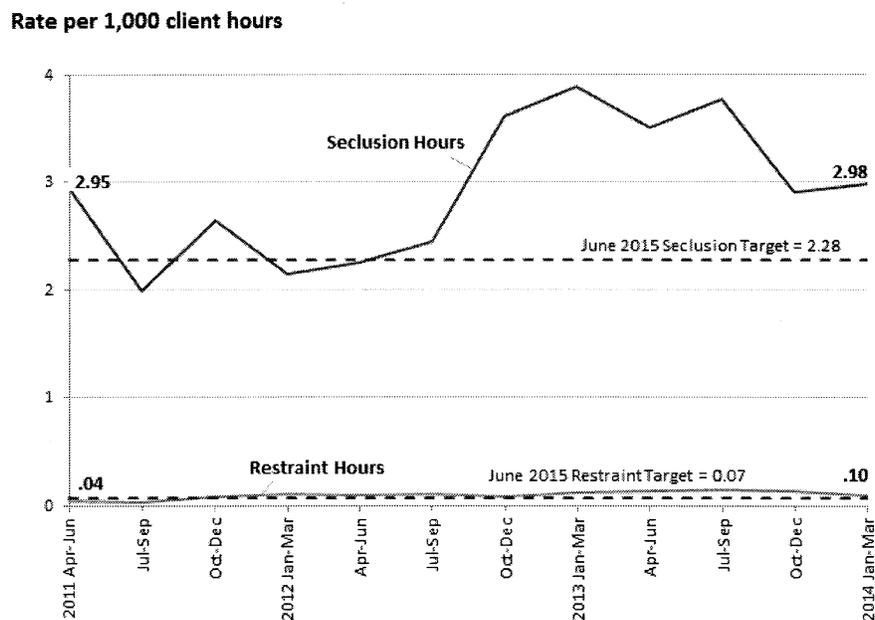
Action Plan:

- 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

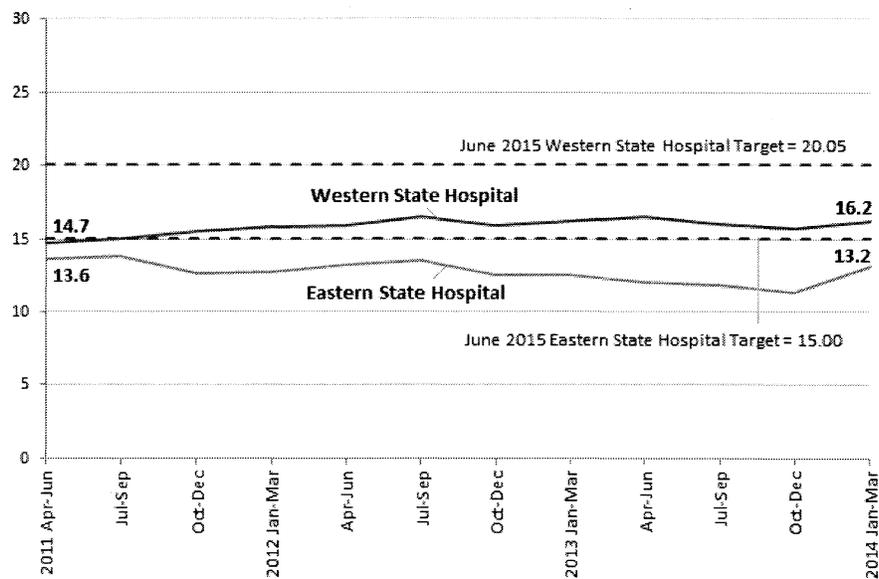


participation and meet the needs of patients.

- 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



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.

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.

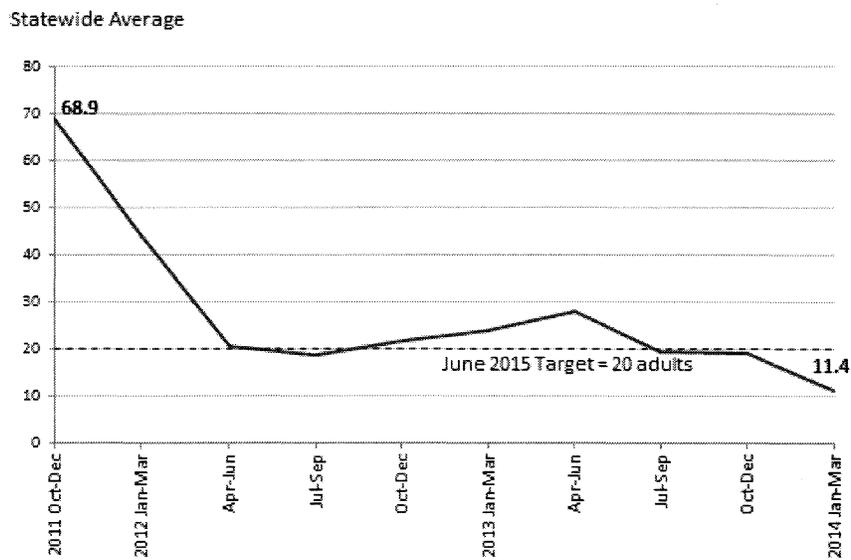
Action Plan:

- 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:

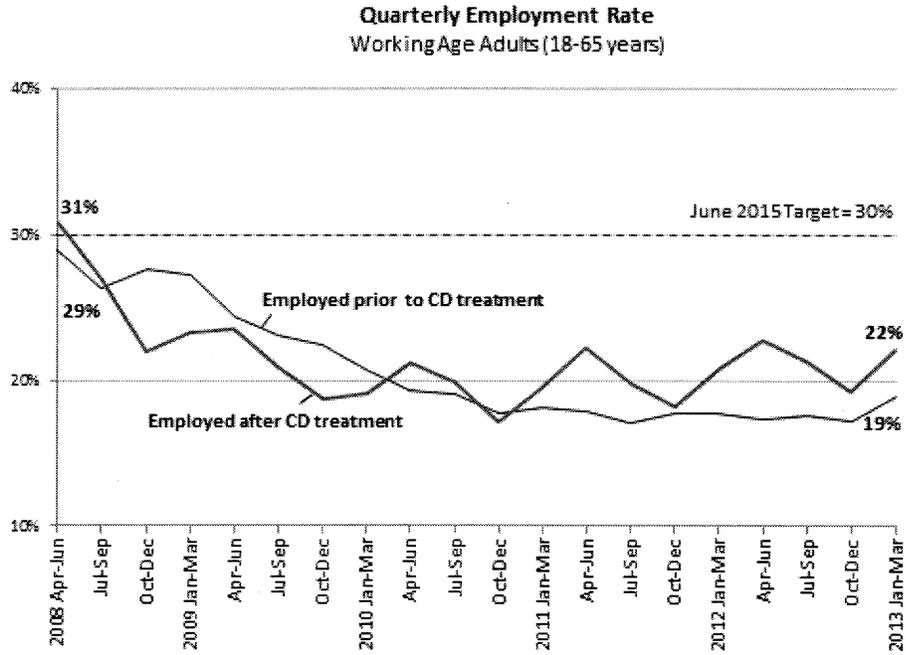
- Access to Recovery (ATR) a Substance Abuse Mental Health Services Administration (SAMHSA) funded program that provides vouchers to clients to purchase recovery support services. Washington State is administering the program in Clark, King, Pierce, Snohomish, Spokane and Yakima Counties, and
 - Recovery 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**

Alcohol and Substance Abuse - Program 070

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	
G008	Chemical Dependency Prevention Services		8,492,000	3.10%	12,000		8,495,000	3.35%	13,000	25,000
G015	Community Based Drug & Alcohol Treatment Services		151,855,000	55.49%	224,000		119,275,000	47.08%	183,000	407,000
G022	DASA Administration	81.4	23,411,000	6.19%	25,000	75.1	34,635,000	11.31%	44,000	69,000
G085	Residential Drug and Alcohol Treatment Services		54,102,000	19.77%	79,000		52,798,000	20.84%	81,000	160,000
G098	Support Services for Clients Receiving Drug & Alcohol Treatment		42,284,000	15.45%	62,000		44,133,000	17.42%	68,000	130,000
TOTAL		81.4	280,144,000	100.00%	402,000	75.1	259,336,000	100.00%	389,000	791,000
Indirect Costs to be prorated across Activities					401,000				388,000	789,000

Allocation Method Description:

Total indirect costs were allocated to activities based on the total dollars budgeted for each activity. Indirect in G022 is for Category 8000.

Description of how the Indirect Amount was determined:

ED Allotment, Postage, and other Object E Indirect FY14 Expenditures

Special Reports

B9 Revenue Estimate System

DSHS Budget Division

Budget Period: 2015-17

Version: G1 070 2015-17 Final 2-YR LEG Budget

State of Washington

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/ CARRY FORWARD LEVEL		PERFORMANCE LEVEL	
			FY 2014	FY 2015	FY 2016	FY 2017	FY 2016	FY 2017
001								
001-2	0316	Department of Justice						
001-2	727	Combat Underage Drinking (100%) - 727B	630,000	630,000	630,000	630,000	630,000	630,000
001-2	0393	Depart of Health & Human Serv						
001-2	243	WA Rec Youth Srvs/SAT-ED (100%) - 243L	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000
001-2	243	Partnership for Success - 243N	2,208,000		2,937,000	2,208,000	2,937,000	2,208,000
001-2	243	BRIDGES - 243P	662,000		712,000	178,000	712,000	178,000
	Subtotal Subsource 243		3,870,000	1,000,000	4,649,000	3,386,000	4,649,000	3,386,000
001-2	275	Access to Recovery (100%) - 275B	4,000,000	4,000,000	4,000,000	4,000,000	4,000,000	4,000,000
001-2	585	Enhancing Drug Court Svs (100%) - 585A	325,000	325,000	325,000	325,000	325,000	325,000
001-2	593	Res Substance Abuse Trmnt (100%) - 593A	530,000	530,000	530,000	530,000	530,000	530,000
001-2	959	Substance Abuse Prev & Trmt BG (SAPT) (100%) - 959B	35,766,000	35,643,000	35,768,000	35,643,000	35,768,000	35,643,000
001-C	778	Title XIX Assistance (FMAP) - 19TA	32,420,000	38,349,000	38,839,000	38,899,000	64,061,000	38,899,000
001-C	778	Title XIX Assistance (100%) - 19TB	43,039,000	77,615,000	77,615,000	77,615,000	77,615,000	77,615,000
001-C	778	Title XIX Admin (50%) - 19UL	935,000	961,000	951,000	974,000	951,000	974,000
	Subtotal Subsource 778		76,394,000	116,925,000	117,405,000	117,488,000	142,627,000	117,488,000
	Subtotal Source 0393		120,885,000	158,423,000	162,677,000	161,372,000	187,899,000	161,372,000

Agency Revenue Details

Budget Period: 2015-17

Version: G1 070 2015-17 Final 2-YR LEG Budget

Hide DP Detail

Agency Level

Supporting and Non Supporting Revenue

CODES			CURRENT BIENNIUM		ENSUING BIENNIUM			
FUND	SOURCE	SOURCE TITLE			MAINTENANCE LEVEL/ CARRY FORWARD LEVEL		PERFORMANCE LEVEL	
			FY 2014	FY 2015	FY 2016	FY 2017	FY 2016	FY 2017
001	0486	Recov of Prior Exp Authority Exp						
001	0486	State & Misc Revenue			14,000	14,000	14,000	14,000
Subtotal Source 0486					14,000	14,000	14,000	14,000
001-7	0541	Contributions and Grants						
001-7	000	Contributions & Grants - 5417	6,774,000	9,527,000	10,101,000	10,110,000	10,101,000	10,110,000
Subtotal Source 0541			6,774,000	9,527,000	10,101,000	10,110,000	10,101,000	10,110,000
Total Fund 001			128,289,000	168,580,000	173,422,000	172,126,000	198,644,000	172,126,000
315								
315-1	00							
315-1	0	Dedicated Marijuana Fund - 3151					3,000,000	15,000,000
315-1	00							
315-1	0	Dedicated Marijuana Fund - 3151			3,000,000	15,000,000		
Total Fund 315					3,000,000	15,000,000	3,000,000	15,000,000
GRAND TOTAL			128,289,000	168,580,000	176,422,000	187,126,000	201,644,000	187,126,000

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Special Reports

B9-1 Working Capital Reserve

DSHS Budget Division

Working Capital Reserve

Budget Period: 2015-17
Agency: 300 Dept of Social and Health Services
Version: G1 070 2015-17 Final 2-YR LEG Budget
Program: 070 BHSIA-Alcohol & Subs

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		FUND ADMINISTRATOR AGENCY ONLY	
		RECOMMENDED ENDING FUND BALANCE	RECOMMENDED ENDING FUND BALANCE
FUND	FUND TITLE	Current Biennium	Ensuing Biennium
05C	Criminal Justice Treatment Account	1,190,000	998,000
08K	Problem Gambling Account	121,000	121,000

Special Reports

Federal Funding Estimates

DSHS Budget Division

	Code	Title
AGENCY	300-070	DSHS BHSIA - Alcohol and Substance Abuse

2015-17 Federal Funding Estimates Summary

CFDA NO.*	Agency	Federal Fiscal Year	State Fiscal Year	State Match Amounts	State Match Source
	BHSIA - Alcohol and Substance Abuse				
	FY 2014	130,899,500	121,515,000	31,971,644	
	FY 2015	166,422,000	159,053,000	37,673,656	
	FY 2016	181,897,250	188,529,000	61,887,079	
	FY 2017	162,002,000	162,002,000	37,827,681	
	Dept of Justice				
16.727	CmbtYthDrinkg(100%)				
	FY 2014	630,000	630,000	-	
	FY 2015	630,000	630,000	-	
	FY 2016	630,000	630,000	-	
	FY 2017	630,000	630,000	-	
	Health & Human Svc				
93.243	WA Yth/SAT-ED (100%)				
	FY 2014	1,000,000	1,000,000	-	
	FY 2015	1,000,000	1,000,000	-	
	FY 2016	1,000,000	1,000,000	-	
	FY 2017	1,000,000	1,000,000	-	
	Partnership for Suc				
93.243	FY 2014	1,656,000	2,208,000	-	
	FY 2015	734,250	-	-	
	FY 2016	2,754,750	2,937,000	-	
	FY 2017	2,208,000	2,208,000	-	
	BRIDGES				
93.243	FY 2014	496,500	662,000	-	
	FY 2015	178,000	-	-	
	FY 2016	578,500	712,000	-	
	FY 2017	178,000	178,000	-	
	Access to Rcvy(100%)				
93.275	FY 2014	4,000,000	4,000,000	-	
	FY 2015	4,000,000	4,000,000	-	
	FY 2016	4,000,000	4,000,000	-	
	FY 2017	4,000,000	4,000,000	-	
	Enhance Drug Ct Svs				
93.585	FY 2014	325,000	325,000	-	
	FY 2015	325,000	325,000	-	
	FY 2016	325,000	325,000	-	
	FY 2017	325,000	325,000	-	
	Res Sbstnce Abuse Tr				
93.593	FY 2014	530,000	530,000	-	
	FY 2015	530,000	530,000	-	
	FY 2016	530,000	530,000	-	
	FY 2017	530,000	530,000	-	

	Code	Title
AGENCY	300-070	DSHS BHSIA - Alcohol and Substance Abuse

2015-17 Federal Funding Estimates Summary

CFDA NO.*	Agency	Federal Fiscal Year	State Fiscal Year	State Match Amounts	State Match Source
93.778	Health & Human Svc				
	T19 Assist (FMAP)				
	FY 2014	33,902,250	32,420,000	31,036,644	001-1
	FY 2015	44,777,000	38,349,000	36,712,656	001-1
	FY 2016	57,770,500	64,061,000	60,936,079	001-1
	FY 2017	38,899,000	38,899,000	36,853,681	001-1
93.778	T19 Assist (100%)				
	FY 2014	51,683,000	43,039,000	-	
	FY 2015	77,615,000	77,615,000	-	
	FY 2016	77,615,000	77,615,000	-	
	FY 2017	77,615,000	77,615,000	-	
93.778	T19 Admin (50%)				
	FY 2014	941,500	935,000	935,000	001-1
	FY 2015	958,500	961,000	961,000	001-1
	FY 2016	956,750	951,000	951,000	001-1
	FY 2017	974,000	974,000	974,000	001-1
93.959	SAPT BG (100%)				
	FY 2014	35,735,250	35,766,000	-	
	FY 2015	35,674,250	35,643,000	-	
	FY 2016	35,736,750	35,768,000	-	
	FY 2017	35,643,000	35,643,000	-	

(Chapter 32, Laws of 2013) requires that designated agencies submit additional information related to receipt of federal funds. These requirements include:

- a) Report the aggregate value of federal receipts the agency estimated for the ensuing biennium,
- b) Develop plans for operating the designated state agency if there is a reduction of:
 - i. Five percent or more in the federal receipts that the agency receives; and
 - ii. Twenty-five percent or more in the federal receipts that the designated state agency receives.

Instructions for Item F

Provide the probability that the grant will be subject to a reduction.

From 1: Not likely; Congress has authorized the act that provides for the funding for the 2015-17 biennium

To 5: All indications are the grant will be reduced, eliminated, or terminated

Instructions for Item G:

Provide the following actions agencies will take if grant is reduced during the 2015-17 biennium

- 1. Reduce administrative expenditures
- 2. Reduce pass-through funding to grant recipients
- 3. Lay off state employees
- 4. Reduce program, client services and/or eligibility
- 5. End the program

Agencies subject to this requirement:

- Department of Social and Health Services
- Department of Health
- The Health Care Authority
- Department of Commerce
- Department of Ecology
- Department of Fish and Wildlife
- Department of Early Learning
- Office of Superintendent of Public Instruction
- ✓ For each school district within the state.

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PROPOSED 2015-17 Federal Funding Estimates Summary for SSB 5804

CFDA NO.*		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
Agency Total									
	FY 2014	0	0	0	0	0			
	FY 2015	0	0	0	0	0			
	FY 2016	0	0	0	0	0			
	FY 2017	0	0	0	0	0			
Federal Agency Name									
#####	FY 2014							Comment	
	FY 2015								

AGENCY	Code	Title
	300-070	DSHS BHSIA - Alcohol and Substance Abuse

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
BHSIA - Alcohol and Substance Abuse Total									
	FY 2014	130,899,500	121,515,000	79.17%	33,977,700	26,824,500			
	FY 2015	166,422,000	159,053,000	80.85%	33,860,850	26,732,250			
	FY 2016	181,897,250	188,529,000	75.29%	33,979,600	26,826,000			
	FY 2017	162,002,000	162,002,000	81.07%	33,860,850	26,732,250			
16.727	Dept of Justice CmbtYthDrinkg								Comment:
	FY 2014	630,000	630,000	100.00%	-	-	1		
	FY 2015	630,000	630,000	100.00%	-	-	1		
	FY 2016	630,000	630,000	100.00%	-	-	1		
	FY 2017	630,000	630,000	100.00%	-	-	1		
93.243	Health & Human Svc WA Yth/SAT-ED								Comment:
	FY 2014	3,152,500	3,870,000	100.00%	-	-	1		
	FY 2015	1,912,250	1,000,000	100.00%	-	-	1		
	FY 2016	4,333,250	4,649,000	100.00%	-	-	1		
	FY 2017	3,386,000	3,386,000	100.00%	-	-	1		
93.275	Access to Rcvy								Comment:
	FY 2014	4,000,000	4,000,000	100.00%	-	-	1		
	FY 2015	4,000,000	4,000,000	100.00%	-	-	1		
	FY 2016	4,000,000	4,000,000	100.00%	-	-	1		
	FY 2017	4,000,000	4,000,000	100.00%	-	-	1		
93.585	Enhance Drug Ct Svs								Comment:
	FY 2014	325,000	325,000	100.00%	-	-	1		
	FY 2015	325,000	325,000	100.00%	-	-	1		
	FY 2016	325,000	325,000	100.00%	-	-	1		
	FY 2017	325,000	325,000	100.00%	-	-	1		
93.593	Res Sbstnce Abuse Tr								Comment:
	FY 2014	530,000	530,000	100.00%	-	-	1		
	FY 2015	530,000	530,000	100.00%	-	-	1		
	FY 2016	530,000	530,000	100.00%	-	-	1		
	FY 2017	530,000	530,000	100.00%	-	-	1		
93.778	Health & Human Svc T19 Assist								Comment:
	FY 2014	86,526,750	76,394,000	70.50%	-	-	1		
	FY 2015	123,350,500	116,925,000	75.63%	-	-	1		
	FY 2016	136,342,250	142,627,000	69.74%	-	-	1		
	FY 2017	117,488,000	117,488,000	75.64%	-	-	1		
93.959	SAPT BG								Comment:
	FY 2014	35,735,250	35,766,000	100.00%	33,977,700	26,824,500	3	4	
	FY 2015	35,674,250	35,643,000	100.00%	33,860,850	26,732,250	3	4	
	FY 2016	35,736,750	35,768,000	100.00%	33,979,600	26,826,000	3	4	
	FY 2017	35,643,000	35,643,000	100.00%	33,860,850	26,732,250	3	4	