Program 070

DSHS - Alcohol And Substance Abuse

Recommendation Summary

Dollars in Thousands

	Annual FTEs	General Fund State	Other Funds	Total Funds
2013-15 Expenditure Authority	72.3	137,793	312,602	450,395
Total Maintenance Level	72.3	161,856	462,580	624,436
Difference		24,063	149,978	174,041
Percent Change from Current Biennium	0.0%	17.5%	48.0%	38.6%
Performance Changes				
Behavioral Health Service Data	2.0	703		703
Fetal Alcohol Evaluation Training #		(708)		(708)
Repeat Driving Under the Influence Offender Services		(42)		(42)
Eliminate Parent Education Services		(200)		(200)
Reduce Funding for Non-Medicaid Services		(160)		(160)
Address Interim Chemical Dependency Medicaid Rates		3,391	4,226	7,617
State Public Employee Benefits Rate		53	13	66
WFSE General Government Master Agreement		124	22	146
Nonrepresented Job Class Specific Increases		8	2	10
General Wage Increase for State Employees		274	72	346
Substance Abuse Prevention and Reduction	4.0		28,964	28,964
I-502 Cost Benefit Evaluation			400	400
Healthy Youth Survey			1,000	1,000
Subtotal	6.0	3,443	34,699	38,142
Total Proposed Budget	78.3	165,299	497,279	662,578
Difference	6.0	27,506	184,677	212,183
Percent Change from Current Biennium	8.3%	20.0%	59.1%	47.1%
Total Proposed Budget by Activity				
Behavioral Rehabilitative Services (BRS)		34,062	105,140	139,202
Child Welfare Licensed Resources		5	1	6
Chemical Dependency Prevention Services		(3,550)	(4,010)	(7,560)
Community Based Substance AbuseTreatment Services		78,452	169,598	248,050
DASA Administration	78.3	(1,807)	100,175	98,368
Residential Substance Use Disorder Treatment Services		47,242	53,951	101,193
Support Services for Clients Receiving Substance Use Disorder Treatment		10,895	72,424	83,319
Total Proposed Budget	78.3	165,299	497,279	662,578

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PERFORMANCE LEVEL CHANGE DESCRIPTIONS

Behavioral Health Service Data
Funding is provided for FTE staff and contracted services to develop an integrated behavioral health data collection, storage and reporting system.

Fetal Alcohol Evaluation Training #
This item eliminates the Fetal Alcohol Syndrome Diagnostic and Prevention Network that is contracted through the University of Washington and used to conduct training for professionals statewide to facilitate understanding of fetal alcohol spectrum disorders.

Repeat Driving Under the Influence Offender Services
Substance abuse treatment for non-Medicaid eligible individuals with a history of repeat driving under the influence offenses is reduced. This reduction is estimated to impact 17 individuals.

Eliminate Parent Education Services
Funding for the Parent Trust parenting education services for Families In Recovery (provided in Pregnant and Parenting Women residential chemical dependency treatment programs) is reduced.

Reduce Funding for Non-Medicaid Services
Family hardship funds used to support youth and their families to participate in residential treatment is eliminated. These funds were used to help cover the cost of transportation to and from the treatment facility and for lodging.

Address Interim Chemical Dependency Medicaid Rates
Funding is provided for short-term rate increases for Medicaid chemical dependency/substance use disorder services 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. Funding will ensure that continued essential services are available statewide for Medicaid individuals with chemical dependency/substance use disorders.

State Public Employee Benefits Rate
Health insurance funding is provided for state employees who are not represented by a union or who are covered by a bargaining agreement that is not subject to financial feasibility determination. Insurance for employees covered by the health insurance coalition is included in funding for their respective collective bargaining agreements. The insurance funding rate is $913 per employee per month for Fiscal Year 2016 and $947 per employee per month for Fiscal Year 2017. (General Fund-State, various other accounts)

WFSE General Government Master Agreement
Funding is provided for a collective bargaining agreement with Washington Federation of State Employees (WFSE), which includes a general wage increase of 3 percent, effective July 1, 2015; a general wage increase of 1.8 percent for all employees who earn $2,500 a month or more, effective July 1, 2016; a general wage increase of 1 percent plus a $20 per month increase for all employees who earn less than $2,500 per month, effective July 1, 2016; salary adjustments for targeted classifications; hazard pay for designated night crews; assignment pay in designated areas; and employee insurance. (General Fund-State, various other accounts)

Nonrepresented Job Class Specific Increases
Funding is provided for classified state employees who are not represented by a union for pay increases in specific job classes in alignment with other employees. (General Fund-State, various other accounts)

General Wage Increase for State Employees
Funding is provided for wage increases for state employees who are not represented by a union or who are covered by a bargaining agreement that is not subject to financial feasibility determination. It is sufficient for a general wage increase of 3 percent, effective July 1, 2015; a general wage increase of 1.8 percent for employees who earn $2,500 a month or more, effective July 1, 2016; and a general wage increase of 1 percent plus a $20 per month increase for employees who earn less than $2,500 per month, effective July 1, 2016. This item includes both higher education and general government workers. (General Fund-State, various other accounts)

Substance Abuse Prevention and Reduction
Initiative 502, passed by voters in 2012, authorizes the regulation, sale and taxation of marijuana for adults over the age of 21. Funding is provided to the Division of Behavioral Health and Recovery to implement programs and practices aimed at the prevention or reduction of substance abuse among middle and high school students, as authorized in the initiative.

I-502 Cost Benefit Evaluation
Initiative 502, passed by voters in 2012, authorizes the regulation, sale and taxation of marijuana for adults over the age of 21. Funding is provided for a contract with the Washington State Institute for Public Policy to conduct a cost-benefit evaluation of implementation of I-502, as required by the initiative. A preliminary report is due to the Legislature by September 1, 2015, and the first final report is due by September 1, 2017.

Healthy Youth Survey
Initiative 502, passed by voters in 2012, authorizes the regulation, sale and taxation of marijuana for adults over the age of 21. Funding is provided to design and administer the Washington state healthy youth survey authorized in the initiative.

ACTIVITY DESCRIPTIONS

Behavioral Rehabilitative Services (BRS)
Behavior Rehabilitative Services contracts with community agencies for rehabilitation services for children and youth with serious emotional, behavioral, or medical difficulties who cannot be adequately served in family foster care. This is a higher level of care and treatment for children and youth with the most severe needs. This service also supports providing intensive in-home services to help stabilize and support a high needs youth in a family home setting.

Child Welfare Licensed Resources
The Division of Licensed Resources (DLR) is responsible for licensing and monitoring family foster and group homes, training and support of foster parents, and the investigation of complaints concerning the health and safety of children and the quality of care provided in foster care facilities.

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.

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Community Based Substance AbuseTreatment Services

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.

DASA Administration

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.

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.

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.