



HEALTH & HUMAN SERVICES

Mental Health/Integration Package

Last year, Gov. Inslee set out to accomplish two tasks: make immediate changes at the state mental hospitals and in the mental health system to improve patient care and staff safety. The following are the investments he proposes to better serve individuals with mental illness in their communities and in state hospital settings. His budget also funds services and programs to integrate mental and behavioral health care.

Department of Social and Health Services – staff, services, facilities

Hospital compliance

Hire 137 staff to address federal compliance issues at the state psychiatric hospitals. This will result in increased safety and security, enhanced care settings, better infection control and improvements in quality assessment and performance. (\$52.7 million General Fund-State)

Mobile crisis teams

Add three mobile crisis teams to deliver more timely and effective responses to individuals in crisis for whom relocation to a facility will likely hinder successful intervention. Mobile crisis teams provide access to behavioral health professionals who can address the needs of individuals in crisis and diffuse a crisis before it escalates to a point at which an individual may need to be hospitalized or jailed. (\$3.7 million GF-S; \$1.2 million General Fund-Federal)

Step-down beds

Create 60 new step-down beds in the community that employ 24-hour staffing and offer both nursing and rehabilitative therapy. Community step-down beds are essential for individuals ready for discharge from the state psychiatric hospitals but still need assistance transitioning to life outside this setting. Beds will free up capacity at the state psychiatric hospitals. (\$4.6 million GF-S)

Housing and step-down services

Increase the Housing and Recovery through Peer Services program by two teams. These teams provide guidance by peers who assist in securing housing, provide strategies to maintain housing and give referrals for other services. HARPS will help prevent readmission to the state psychiatric hospitals and reduce the length of stay by helping individuals ready for discharge to find housing in the community. (\$2.8 million GF-S)

State community behavioral health hospitals

Establish nine new 16-bed community behavioral health hospitals to provide acute psychiatric inpatient care for civil commitments by 2023. These new facilities will enable more regional, specialized care for patients while keeping them closer to their home communities during inpatient treatment. Additional federal Medicaid funding will be available. (\$2.7 million GF-S; \$1.1 million GF-F)

Crisis walk-in centers

Create two new community crisis walk-in centers that allow individuals in mental health crisis to stay up to 23 hours under observation. Services include crisis stabilization and intervention, individual counseling, peer support, medication management, education and referral assistance. Crisis walk-in centers will reduce admission and re-admission to the state psychiatric hospitals and divert individuals from jail. (\$2.3 million GF-S; \$1.3 million GF-F)

Substance use disorder treatment and peer support

Integrate substance use disorder treatment and mental health treatment at the state psychiatric hospitals. National data indicates that approximately 24 percent of individuals diagnosed with serious mental illness experience co-occurring substance use disorders; that percentage may be higher for those admitted to a state psychiatric hospital. Integrated substance use disorder treatment, in combination with peer support specialties, will improve psychiatric symptoms and functioning, decrease hospitalization, increase housing stability and enhance the quality of life for clients served. (\$3.5 million GF-S)

Tribal behavioral health evaluation and treatment plan

Fund the development of a plan for a tribal behavioral health evaluation treatment facility.

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The plan will provide a recommendation for locating the facility that ensures access to culturally appropriate and timely behavioral health services for American Indian and Alaska Native individuals. (\$300,000 GF-S)

Department of Social and Health Services – long-term care and developmental disabilities services, support

Enhanced discharge placements

Create 356 new community alternative placement beds that prioritize the transition of clients ready for discharge from the state psychiatric hospitals, but who have additional long-term care or developmental disability needs. Creation of community placement capacity will reduce the length of stay of hard-to-place clients with complex needs. This will free up bed space and capacity at the state psychiatric hospitals. (\$63.1 million GF-S; \$36.6 million GF-F)

Discharge case managers

Hire 12.9 discharge case managers at the state psychiatrist hospitals. Discharge case managers transition clients ready for hospital discharge to alternative community placements. The quick transition of these clients will free up bed capacity at the state psychiatric hospitals. (\$1.5 million GF-S; \$1.3 million GF-F)

Financial service specialists

Hire 8.4 financial service specialists at the state psychiatric hospitals. Financial service specialists will transition clients ready for hospital discharge to alternative community placements. The quick transition of clients ready for discharge will free up bed capacity at the state psychiatric hospitals. (\$783,000 GF-S; \$778,000 GF-F)

Department of Social and Health Services – administrative support

Western State Hospital leave and attendance system

Replace manual scheduling processes with an automated staff scheduling system at Western State Hospital. An automated system will integrate and standardize staff scheduling so more staff time can be spent on direct care. (\$5.7 million GF-S; \$1.2 million GF-F)

Department of Social and Health Services – other

Opioid overdose death prevention

Award a demonstration grant from the federal Substance Abuse and Mental Health Services Administration to prevent prescription drug and opioid overdose-related deaths. (\$2.3 million GF-F)

Health Care Authority

Inpatient psychiatric payment rate

Fund a cost-based increase in the inpatient psychiatric payment rate paid to hospitals to increase capacity for community mental health services. This will cover 100 percent of inpatient psychiatric costs. (\$9.8 million GF-S; \$18.6 million GF-F)

Opioid response: medication-assisted treatment nurse case managers

Hire 10 nurse case managers to coordinate this program for Medicaid clients with opioid use disorder and to expedite the use of health homes for clients. (\$900,000 GF-S; \$1.0 million GF-F)

Pain management call center

Operate a telephone consultation line so primary care physicians can consult with medical professionals in pain management and medication-assisted treatment at the University of Washington. (\$676,000 GF-S; \$678,000 GF-F)

Department of Social and Health Services – other investments

Cash grant and income limits

Increase the cash grant and the income limit standard by 7.5 percent for the Temporary Assistance for Needy Families, the Family Assistance and the Refugee Cash Assistance programs. The average grant amount for a family of four will increase from \$613 to \$659 per month. The cash grant is also increased for the Aged, Blind and Disabled program from \$197 to \$400 per month. Effective state fiscal year 2019. (\$222,000 GF-F; \$43.4 million Carbon Pollution Reduction Account)

Residential rate increase

Increase the hourly rate paid to supported living providers by \$1.00. Supported living providers deliver valuable in-home care services to keep citizens living in community settings. Services include coordinating care and teaching client independence skills. (\$22.6 million GF-S; \$22.6 million GF-F)

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Asset limits for cash assistance

Eliminate the resource limit for the TANF, SFA and ABD programs. Currently, the resource limit for applicants is \$1,000 of liquid assets and no more than a \$5,000 vehicle exclusion. Effective state fiscal year 2019. (\$9.8 million Carbon Pollution Reduction Account)

Temporary Assistance for Needy Families work rate

Continue the Washington's Working Family Support program, which provides a monthly \$10.00 payment to eligible working clients who are not receiving TANF benefits. (\$9.5 million GF-S)

High school transition services

Provide employment services and programs for 819 graduating high school clients of the Developmental Disabilities Administration. This will boost success in career choices. (\$3.7 million GF-S; \$3.7 million GF-F)

Social workers to support kids

Hire 56 social workers to reduce caseload ratios to 18 families per social worker. This investment will improve the quality of case management, expedite positive outcomes for children and families, and enhance social worker recruitment and retention. (\$6.7 million GF-S; \$138,000 GF-F)

Means testing for kinship care

Eliminate means testing for kinship care TANF cases. Kinship caregivers provide child rearing when parents are unavailable or unable to look after the child. The caregiver's income will no longer be considered in the eligibility

determination for child-only TANF. Effective state fiscal year 2019. (\$2.5 million Carbon Pollution Reduction Account)

Health Care Authority

Federal Medicaid transformation waiver

Adjust Medicaid transformation waiver funds expected to be approved by the federal Centers for Medicare & Medicaid Services. The waiver funds three initiatives: 1) incentive-based payments for transformation projects to achieve sustainable goals of better care, better health and lower costs; 2) new services and supports for family caregivers who help people stay at home and avoid the need for more intensive services; and 3) supportive housing and supported employment services for those who are most vulnerable and have complex care needs. (\$240.1 million GF-F; \$207.6 million General Fund-Local)

Hepatitis C

Expand treatment for hepatitis C to approximately 6,000 Medicaid clients with less severe disease whose coverage has been mandated by court order. (\$41.1 million GF-S; \$131.8 million GF-F)

Healthier Washington savings restoration

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

Department of Health

Foundational public health systems modernization and local health jurisdictions funding

Make investments to help stabilize local public health systems and improve the public health system's ability to respond to communicable diseases. (\$23.9 million GF-S)

Lead directive – school exposure

Test water fixtures over a three-year period in schools across the state, starting with older schools, as directed by the governor. (\$3.5 million GF-S)

Lead directive – community lead exposure

Identify and track children who are at the highest risk of lead exposure and have elevated levels of lead in their blood, as directed by the governor. (\$2.4 million GF-S)

Department of Corrections

Enterprise records staffing

Hire 25 records staff to ensure that offenders are confined and released as ordered by the court and screened for appropriate community supervision after release. (\$3.6 million GF-S)

Work release vendor rate increase

Increase rates by 15 percent for vendors who operate work release facilities for the department. (\$2.9 million GF-S)

Security specialists backfill

Continue funding for two regional staff counselors and 18 security specialists located at 12 prisons. These positions were previously funded

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with Auto Theft Prevention Account funds, but shortfalls in the fund require the use of the State General Fund. (\$2.9 million GF-S)

Bellingham work release

Expand the Bellingham work release facility which serves as a bridge between life in prison and life in the community. A benefit-cost analysis by the Washington State Institute of Public Policy identifies a positive net return on investment of \$5,757 for each work release participant. (\$1.2 million GF-S)

Sentencing Guidelines Commission

Adult sentencing guidelines

Evaluate adult sentencing guidelines. The commission will review sentencing practices across the state and make recommendations on reforms that improve public safety, reduce sentencing complexity, increase consistency and fairness, and reduce recidivism. (\$400,000 GF-S)

Veterans Affairs Administration

Veterans Conservation Corps intern

Expand the Veterans Conservation Corps Internship Program by 25 slots. Veterans enrolled in the program gain knowledge, skills and abilities that support their educational and employment goals. (\$374,000 GF-S)

Reductions

Health Care Authority

Hospital-based clinic rate

Eliminate facility fee payments for standard office visit services performed at a hospital-based clinic. Services performed at hospital-based clinics will be reimbursed identically to services provided in

individual provider facilities and outpatient clinics that are not hospital-based. (save \$20.8 million GF-S; \$21.4 million GF-F)

Department of Social and Health Services

Close Naselle Youth Camp

Close the Naselle Youth Camp for 76 youth, who will be relocated to Echo Glen Children's Center and Green Hill School. (save \$7.4 million GF-S)

Department of Health

Neurodevelopmental centers

Reduce funding by an average of \$40,000 per year for infrastructure support for 16 neurodevelopmental centers located across the state. (save \$1.3 million GF-S)

Department of Corrections

Allow earned time enhancements

Allow earned time credits to be prospectively applied to confinement pursuant to a weapons enhancement. Currently, if an offender has a weapon enhancement on one or more counts, the enhancement(s) are served consecutively to one another and consecutive to the underlying sentence. Current law does not allow incarcerated individuals to receive any earned time for the weapons enhancement portion of their sentence, but does allow earned time on the underlying sentence. This change allows earned time on an incarcerated individual's entire sentence, not just a portion of the sentence. The policy is based on research that finds recidivism rates are not higher for prisoners whose release is accelerated and that good time credits improve institutional safety and reentry outcomes. (save \$6.3 million GF-S)

Concurrent supervision

Require terms of supervision to be served concurrently unless the court expressly orders the terms to be served consecutively. This change simplifies supervision and will allow the department to more accurately track adherence with conditions and ensure treatment for the offender is delivered at the most appropriate time. (save \$5.9 million GF-S)