

Human services

Transforming Washington's behavioral health care system

In the biennial budget, Gov. Inslee rolled out his multi-year plan for transforming Washington's behavioral health system by decentralizing long-term civil mental health commitments, creating forensic centers of excellence at the state psychiatric hospitals and building recovery-based services and supports in the community. Long-term inpatient civil commitments will transition from two large state institutions to smaller, community-based facilities — both state-owned and -operated and private — that treat patients more effectively in their home communities, closer to family and friends. Regional recovery-based services and supports will ensure individuals receive the appropriate level of care in the right settings, with a goal of diverting individuals from inpatient commitments.

The safety of patients and staff at the state psychiatric hospitals continues to be a top priority. The supplemental budget includes nearly \$18 million for safety initiatives at Western State Hospital and approximately 70 additional direct-care staff at both psychiatric hospitals. These investments include (1) a permanent recruitment team located at Western State Hospital to tailor recruitment and retention needs to behavioral health institutions; (2) a community-based forensic psychiatry consultation team to offer medication and behavioral health treatment in jails; (3) additional advanced crisis intervention training and more new employee orientation training; and (4) more direct-care staff to bring Western State Hospital staffing up to the level recommended in the Washington state staffing model and more ward psychologists at Eastern State Hospital.

The integration of physical and behavioral health is nearing completion, with only three regions left to integrate in January 2020. This progress brings big changes centered on whole-person care. A 5% funding increase is given to community behavioral

health regions for persons and services not covered by the Medicaid program. These flexible, non-Medicaid funds will be used for court costs related to persons committed under the Involuntary Treatment Act, community inpatient services, crisis and commitment services, and residential services.

Department of Social and Health Services – Aging and Long-Term Care and Developmental Disabilities Services

Dan Thompson community investments

Provide family support and/or employment/day services to eligible persons with developmental disabilities who can be served by community-based services. (\$1 million Developmental Disability Community Trust) *Also referenced on Page 27.*

Cross-agency complex youth

Add two new state-operated living alternative homes to serve youth age 20 and younger. These individuals are no longer eligible for residential habilitation center admission and are not able to successfully transition to out-of-home residential placements because there are no suitable community options. These SOLA homes will house six children and be phased in by June 30, 2021. (\$1.9 million General Fund-State; \$1.6 million General Fund-Federal)

Expanded state-operated living alternatives options

Provide nine community residential placements in three SOLAs for adults seeking a community placement. Placements will be phased in by June 30, 2021. (\$1.7 million GF-S; \$1.6 million GF-F)

Family Mentorship Program

Increase the Family Mentorship Program by 50% which will help connect families who have loved ones in institutional settings with families who have successfully transitioned into a community setting. (\$200,000 GF-S)

Agency provider parity

Add approximately \$.07 per hour to the rates paid to home care agencies. This will cover the additional taxes incurred from higher wages negotiated and funded under the collective bargaining agreement with individual providers. Funding will also cover the employer portion of the Paid Family and Medical Leave Act, which was assessed starting Jan. 1, 2019. (\$514,000 GF-S; \$655,000 GF-F)

Department of Social and Health Services – Economic Services Administration

Eliminate the Supplied Shelter Grant standard

Offer one grant amount for qualified individuals with or without shelter expenses. Currently, individuals who participate in the Temporary Assistance for Needy Families; State Family Assistance; Pregnant Women Assistance; Aged, Blind or Disabled Cash Assistance; or Refugee Cash Assistance programs who have no shelter costs receive a lower monthly grant. Eliminating this grant standard will make an individual eligible for a larger grant, which is based on household size. By eliminating the reduced grant standard, recipients will be able to meet more of their basic needs, such as securing a safe home. This funding covers the expected increase in grant costs. (\$6,000 GF-S; \$1.4 million GF-F; \$2.5 million Home Security Fund Account-State)

Department of Social and Health Services – Special Commitment Center

High-acuity resident supervision

Hire supervisory and direct care staff to ensure residents of the Special Commitment Center's high-acuity program receive equitable treatment and rehabilitation services. This program was established in September 2019 as part of a settlement agreement. (\$475,000 GF-S)

Health Care Authority – Other

Program integrity savings restoration

Restore savings assumed in the 2019–21 budget. Program integrity activities help ensure that state and federal dollars are spent appropriately on delivering high-quality, necessary care and

on preventing fraud and waste. While HCA is implementing a single Medicaid program integrity approach to both fee-for-service and managed care, the savings assumptions are overly aggressive and cannot be achieved as quickly nor at the level assumed in the enacted budget. (\$32 million GF-S; \$93 million GF-F)

Health homes rate increase

Increase the rate paid to health home lead and care coordination organizations serving dually eligible Medicare-Medicaid clients. The health home program promotes person-centered health action planning through better coordination between the client and their health care providers, ensuring clients receive the right care at the right time with the right provider. (\$1.4 million GF-S; \$1.3 million GF-F)

Children's Health Insurance Program coverage

Maintain and add access to federal Children's Health Insurance Program coverage for children who also have access to school employee and public employee benefit plans. CHIP covers kids in families with incomes up to 300% of the federal poverty level, or \$77,000 for a family of four. This will ensure 5,000 children from families of public and school employees keep access to federal benefits. (\$991,000 GF-S; \$991,000 GF-F)

Dental education in the care of persons with disabilities rate increase

Increase the rate paid for education and clinical training for dental professionals and students who treat people with disabilities. (\$500,000 GF-S; \$500,000 GF-F)

Department of Corrections

Prison staffing

Adopt recommendations made in the CGL Management Group's June 2019 review of the department's 30-year-old prison staffing model by increasing:

- Prison custody relief factors to reflect actual requirements and staff leave usage. (\$14.5 million GF-S)

- Funding for on-call nursing staff, nursing supervisors and medical assistants. (\$8.6 million GF-S)
- Critical prison security positions, driven by the medical and mental health needs of incarcerated individuals, including off-site medical transportation, community hospital watches, one-on-one suicide watches and mental health living unit staff. (\$5.1 million GF-S)

Hepatitis C treatment expansion

Boost the number of hepatitis C treatments administered to incarcerated individuals from 354 to 520 each year. If medication prices continue to decrease, the department would be able to increase the number of treatments provided, with the goal of eliminating hepatitis C in Washington by 2030. (\$6.6 million GF-S)

Chemical dependency bed expansion

Add 34 community-based residential beds to meet demand and eliminate the drug offense sentencing alternatives bed wait list. Eliminating the wait list will increase judicial use of the sentencing alternative, reduce the number of community supervision violators and decrease the likelihood of recidivism. (\$2.2 million GF-S)

Health accreditation and advocacy

Improve patient care across the department's health care system through evidence-based programs, patient safety reporting and clinical oversight. Strategic investments include pursuing National Commission on Correctional Health Care accreditation; piloting a patient advocacy program at the Monroe Correctional Center and the Washington State Corrections Center for Women; and providing compassion fatigue training to all health care staff. (\$1.3 million GF-S)

Tolling centralization

Establish a centralized tolling unit and audit all cases being supervised to ensure accurate release dates. Tolling is when time served toward a sentence is paused due to an individual not being available for supervision or confinement. The accuracy of these

calculations could directly affect an individual's liberty if they are held too long in confinement or on supervision, and could affect public safety if an individual is released too early. (\$9.4 million GF-S)

Supervision reforms

Adopt supervision recommendations made by the Sentencing Guidelines Commission and Criminal Sentencing Task Force including:

- Requiring terms of supervision to be served concurrently unless the court expressly orders the terms to be served consecutively and allowing for positive achievement time.
- Allowing nonconfinement sanctions for low-level violations; removing the requirement that after an individual commits five violations under community custody, each subsequent violation must be addressed through a DOC hearing and is subject to a sanction of up to 30 days in jail; and removing requirements outlining special rules for addressing violations that constitute new crimes by individuals on supervision for one of 21 underlying offenses.
- Investing in evidence-based supervision and reentry practices that support accountability and successful reintegration in the community.

(Save \$5.4 million GF-S)

Earned time 50%

Reduce the prison population through a prospective sentencing change that would make certain incarcerated individuals serving time for nonviolent or drug offenses eligible for 50% earned time. Currently, these offenders are allowed to earn up to 33% of their sentence. (Save \$1.8 million GF-S)

Department of Children, Youth, and Families – Juvenile rehabilitation

Juvenile rehabilitation services until age 25

Ensure adolescents up to age 25 are safe and receiving developmentally appropriate rehabilitation services at juvenile rehabilitation facilities by hiring more staff and providing legal advocacy services and programming. Programming services for the

older cohort include postsecondary education, pre-apprenticeship training, trades exploration and independent living skills. (\$15 million GF-S)

Safe and therapeutic environments

Provide critical incident response training, violence prevention and intervention training, and contracted services for a drug detection dog. This will increase personal safety and reduce contraband brought into juvenile rehabilitation facilities. (\$120,000 GF-S)

Department of Health

Preserve Title X Program

Replace lost federal funding to maintain family planning services across the state. The federal Department of Health and Human Services' new rule changes, which conflict with state law for the Title X Family Planning Program, no longer allow the state to use Title X funds for its Family Planning Program. This program offers pharmaceuticals, supplies, health education, training for providers and staff, and reimbursement to providers. (\$8.4 million GF-S)

Foundational public health services

Use General Fund-State funds to cover the Foundational Public Health Services Account appropriation in the 2019–21 biennium. Estimated revenue from vapor distribution taxes will be insufficient. This ongoing funding will ensure the Department of Health is able to continue its important work in fighting communicable diseases and environmental public health risks in conjunction with local and tribal governments. (\$10.5 million GF-S)

Reduce suicide rates

Support the most critical enhancements to the state's suicide prevention system. Substantial investments will provide the department with resources to lead, coordinate and implement the Washington State Suicide Prevention Plan and to coordinate with a broad group of stakeholders. Funding is also provided for services for tribal nations and for a pilot project on preventing suicide in the agricultural industry. (\$2 million GF-S)

Lower vape/tobacco use

Promote vape and tobacco cessation and provide counseling support and nicotine replacement therapy to 18- to 20-year-olds addicted to tobacco and vapor products. Effective January 2020, new state legislation will raise the minimum legal age of sale for tobacco and vapor products from 18 to 21. This will leave many young people in this group addicted to products to which they will soon no longer have legal access. (\$1 million GF-S)

Department of Labor and Industries

Elevator workload

Hire 10 additional elevator program staff to increase the number of statutorily required inspections conducted on publicly used lifting conveyances. (\$1.5 million Construction Registration Inspection Account)

Employment Security Department

Paid Family and Medical Leave program

Hire staff, conduct marketing and meet business needs of the Paid Family and Medical Leave program, which will offer qualified working Washingtonians the opportunity to care for a child, themselves or a family member while receiving a portion of their pay. Eligible workers can start accessing PFML benefits effective Jan. 1, 2020. As the department prepares for benefit rollout, it has identified the need for additional staff and funding to complete implementation, support program operations and provide customer service. Funding is provided for hiring 105 FTEs, conducting communications and outreach, and satisfying other business needs to operate the program in accordance with the law. (\$35.9 million Family and Medical Leave Insurance Account-State)

Department of Commerce

Andy Hill Cancer Research Endowment Fund

Transfer funds to the Andy Hill Cancer Research Endowment Fund Match Transfer Account to address a shortfall in expected revenues. This will provide continuing investment in cancer research. (\$4 million GF-S)