

**Rehabilitation Administration – Juvenile Rehabilitation  
020 - PL - BA - BEHAVIORAL HEALTH SYSTEM GAPS**

Agency Submittal: 11-2017-19-YR Agency Req

Budget Period: 2017-19

**SUMMARY**

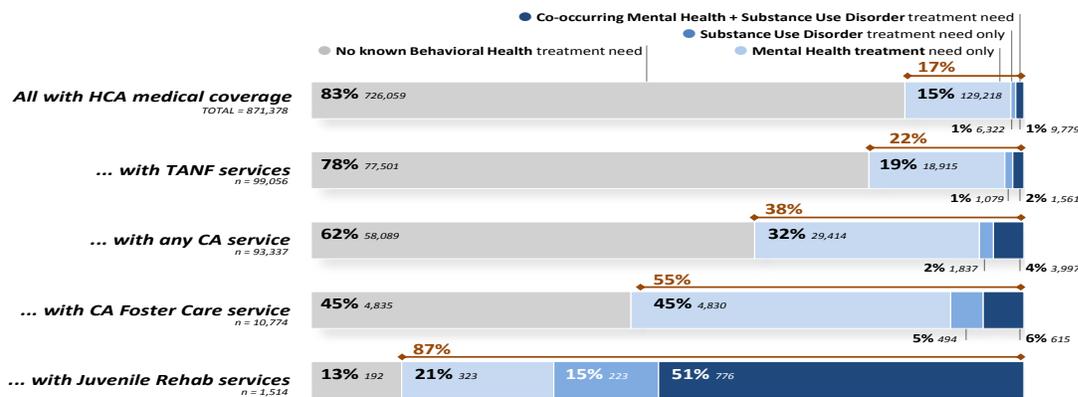
The overall Juvenile Rehabilitation (JR) population has decreased while the percentage of JR youth with serious mental health issues has increased, leaving JR unable to meet existing treatment needs. JR is unable to provide for the increase in mental health and substance use services needed by the more acute population. The impact of the proposed services will likely be to reduce recidivism as well as reduce future dependence on high cost services by the youth who receive these necessary services. JR requests 72.2 FTEs and \$13,308,000 GF-State to meet existing mental health need and substance abuse services.

**PROBLEM STATEMENT**

Approximately two-thirds of JR committed youth have acute mental health or substance abuse disorders. Over the past decades, the JR population has decreased. More youth are being served in the community rather than being committed to JR. The result has been that the population committed to the care of JR has more serious issues, including mental health and substance use issues. The opioid abuse crisis facing Washington, and the nation, is adding to the increased need for treatment. Of the youth in JR, about two-thirds have a diagnosis of substance use disorder. Two-thirds have also been identified as having mental health issues, with half of those having both a mental health and substance use disorder. While the need for these services has increased, the services provided by JR have not kept up with the need. Currently, JR is unable to meet existing mental health and substance use disorder treatment needs due to the number and acuity of the youth in care. Without these requested resources, a large number of youth will go untreated for substance use and mental health issues, or will not receive post-treatment follow-up support. The lack of treatment for these youth will increase the risk for re-offense and continued dependence on high-cost emergency interventions.

**Behavioral Health Needs Vary Across Service Delivery Systems**

CHILDREN/YOUTH AGES 0-17 WHO WERE MEDICALLY ELIGIBLE IN SFY 2015 • TOTAL = 871,378



SOURCE: DSHS Client Outcomes Database, DSHS Research and Data Analysis Division, June 2016.



**DSHS VISION**

People are healthy • People are safe • People are supported • Taxpayer resources are guarded

**DSHS MISSION**

To transform lives

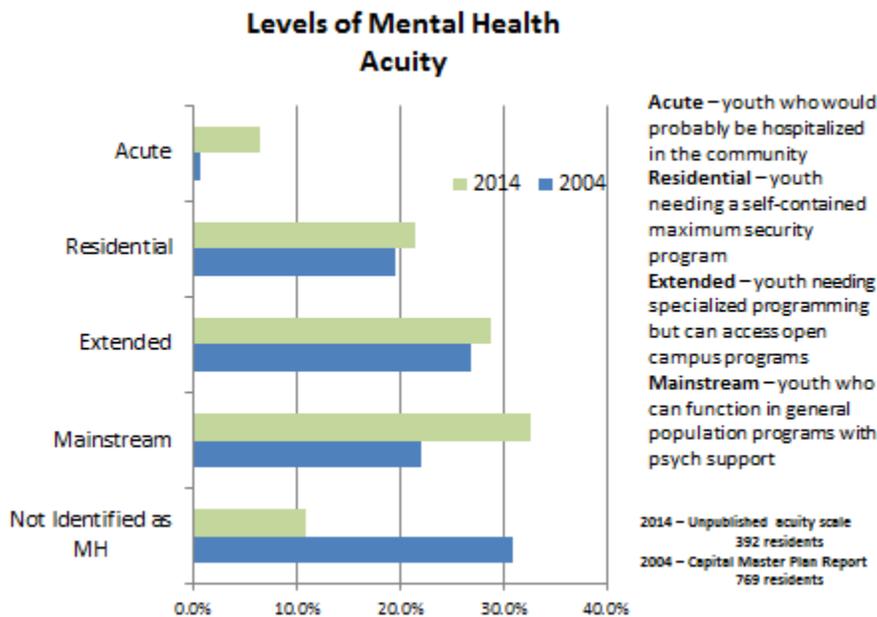
**DSHS VALUES**

Honesty and Integrity • Pursuit of Excellence • Open Communication • Diversity and Inclusion • Commitment to Service

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The chart above shows the need in the JR population for behavioral health services and compares this with clients in other Department of Social and Health Services (DSHS) service programs.

The chart below compares the acuity of residents with mental health needs in a one-day snapshot ten years apart. Over this time period, there has been an increase in the percentage of JR youth with mental health needs as well as a shift toward a higher acuity of mental health with the JR population. Currently, 65 percent of JR youth have mental health diagnoses and, of those youth, 80 percent are diagnosed with significant mental health disorders including schizophrenia, depressive disorders, post-traumatic stress disorder (PTSD), mood disorders, bipolar disorder, anxiety disorders, psychotic disorders, Asperger’s, pervasive developmental disorder, cognitive disorder, adjustment disorder with depressed mood, dissociative disorder, borderline, and autistic disorders.



The goal of treatment is to reduce the acuity of youth in JR programs and to provide supportive transition so they remain stable in the community. However, current JR mental health and substance use treatment is not sufficient to meet these goals and address the mental health and substance use needs of JR youth.

**PROPOSED SOLUTION**

In order to reduce recidivism of youth with mental health and/or substance use disorders, it is necessary to provide services and treatment while in residential placement and when they reenter the community. Additionally, providing these interventions will reduce utilization of more expensive treatment and hospital programs. Included in this request are the following services to meet the existing gap in essential JR mental health and substance use services:

- Living unit staff added to convert three general population units to specialized mental health programs. One large Green Hill School living unit will be converted, three units at Naselle Youth Camp will be reduced slightly and a fourth opened. Smaller units allow for more intense monitoring, intervening, and coaching that is necessary for youth with significant behavioral and mental health issues.
- Due to the increased number of youth with mental health needs in JR, community programs are required to ensure youth access to treatment appointments, modified education and vocational programs, employment opportunities, and other activities necessary for a successful reentry into the community. The increased volume of transport needs

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has required use of counseling staff to transport instead of monitoring, counseling and coaching youth at the facility. One additional staff person is added at each community facility to assist with transition and reentry and allow more senior counselling staff to work with the youth.

- Behavioral instability and self-harm behavior has led to high usage of the acute care wings in the residential mental health units. A small addition of staff and added nursing care will safely manage this population.
- Three recreation therapy specialists will work with the mental health and substance use disorder programs to assist youth improve social, cognitive, emotional, and physical functional abilities and develop long-term recovery and self-management skills. One is added to each of the three institutions.
- Two behavioral health training specialists will be utilized to train staff and consult on difficult cases in the community facilities and institutions to increase the ability for floor staff and counselors to be more effective with residents. The current trainer/consultants cannot meet the demand created by the higher needs JR youth.
- The gaps in substance use and co-occurring disorder treatment continuum would be filled with a treatment coordinator in one institution and one in each parole region to address short-term treatment intervention needs, conduct aftercare programs, and support reentry by connecting youth to existing substance use disorder and mental health in the community. Additionally, an intensive outpatient treatment program will be supported by the addition of one staff at Echo Glen Children's Center.
- A comprehensive and standardized screening and assessment for all youth will be implemented. Assessing all youth will lead to additional identification of need. Accurate assessments allow for targeted and prioritized treatment interventions. JR will purchase an instrument validated on a juvenile justice population to determine mental health, substance abuse, and co-occurring treatment needs. An assessor would be established at each institution.
- With the addition of a comprehensive assessment system, the expansion of electronic case management reports, data collection, and quality assurance is supported with an information systems programmer.

## EXPECTED RESULTS

### Outcomes:

- Currently, 46 percent of youth assessed with a substance use disorder complete treatment. With comprehensive assessments and additional treatment provisions that number will reach 85 percent.
- The key outcome measures would be reduced recidivism and avoidance of emergency rooms and psychiatric hospitals.

### Clients affected:

- Increasing the number of specialty mental health beds and supporting the 62 percent mental health youth in community facilities affects 118 beds.
- An additional 75 youth will receive outpatient and aftercare substance use disorder services.
- Approximately 250 youth per year will transition to parole with substance use disorder and mental health needs.
- All JR youth will receive a mental health assessment.

### Alternatives considered:

This decision package will assist in filling a critical deficiency in mental health and substance abuse services for youth in JR residential care. To reduce the need for JR provision of services, we have engaged community programs to support or augment treatment interventions where possible. This proposal will provide for an even greater coordination and connection to existing community services, which will enable ongoing treatment for youth as they reenter their home communities. The only other alternative to this proposal is to provide treatment to portions of the population while others go untreated. Those youth who do not receive treatment will likely continue with their mental health and substance use issues, possibly increasing in acuity. As a result of the

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untreated need, they are at increased risk to require emergency interventions, be unstable and unable to attend school or become employed, and be at higher risk to return to the criminal justice system.

**Summary:**

The majority of youth who are involved in the juvenile justice system do not come to JR. They find services or interventions which are effective and deter them from incarceration. Less than four percent of those Washington State youth referred for prosecution end up in JR. However, a significant proportion of those that are committed to JR have serious mental health and substance use disorder needs. JR currently is not able to provide sufficient services to meet these needs in order to achieve the outcomes of reduced recidivism, increased public safety, reduced reliance on hospital and public health services, and better outcomes for the youth. These proposed services are necessary to meet the critical needs of the current JR population.

**STAKEHOLDER IMPACT**

The primary stakeholder impact is a reduction in recidivism and the potential for dependence on other state and local programs. These youth have mental health and substance use disorder needs which, if addressed now, will affect these other programs. Supporting this proposal is youth, families, JR staff and the community. These youth are often untreated in the community and may lack appropriate support structures to guide them to community-based mental health or substance abuse services they need. Youth committed to JR are the most acute mentally ill justice-involved youth in the state and have often exhausted other resources or attempts to re-engage in healthy adolescent behavior. For some, this may be their last effort for stabilization and treatment. According to the February 2016 International Journal of Environmental Research and Public Health National Institute of Health, within the past decade, reliance on the juvenile justice system to meet the needs of juvenile offenders with mental health concerns has increased. The community expects us to keep their communities safe by providing appropriate treatment and release healthy and productive youth back into the community.

**Other agencies impacted:**

- Behavioral Health Administration which manages the marijuana tax treatment funds.
- Juvenile Court Administrators
- Department of Corrections who have jurisdiction over youth convicted as adults and housed in JR facilities.

There is no known opposition.

Agency Contact: Ken Brown, (360) 902-7583

Program Contact: Georgina Carleton, (360) 902-8107

OTHER CONNECTIONS

Performance Outcomes/Important Connections

**1. Does this DP provide essential support to one or more of the Governor's Results Washington priorities?**

Goal 4: Healthy & Safe Communities - Healthy People - Provide access to good medical care to improve people's lives.

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Executive Order 16-05: Building Safe and Strong Communities through Successful Reentry.

**2. The decision package meets the following DSHS' strategic objectives:**

1.1: Youth in JR will have increased access to a coordinated delivery of medical, behavioral health and long-term services and support to improve their health status.

1.2: Decrease recidivism by providing effective reentry planning, parole aftercare, step-down and mentoring effectively preparing juvenile justice-involved youth for their futures.

2.1: Improve the quality of evidence-based practices provided in the juvenile justice system.

**RA Success Measure 1.1.2:** Increase the percentage of treatment completion for youth assessed for a substance use disorder from 45.9 percent in June 2015 to 65 percent July 2017.

**3. Identify other important connections or impacts below.** (Indicate 'Yes' or 'No'. If 'Yes' identify the connections or impacts related to the proposal.)

- a) Regional/County impacts? Yes. More youth will access local community programs including referrals to Behavioral Health Organizations.
- b) Other local government impacts? No
- c) Tribal government impacts? No
- d) Other state agency impacts? Yes. Portions of this decision package could be funded through I-502 (marijuana sales taxes). The distribution of treatment funds is managed by the Behavioral Health Administration.
- e) Responds to specific task force, report, mandate or executive order? Yes. This package includes transition activity in support of Executive Order 16-05 "Building Safe and Strong Communities through Successful Reentry".
- f) Does request contain a compensation change or require changes to a Collective Bargaining Agreement? No
- g) Facility/workplace needs or impacts? No
- h) Capital budget impacts? No
- i) Is change required to existing statutes, rules or contracts? No

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- j) Is the request related to litigation? No
- k) Is the request related to Puget Sound recovery? No
- l) Other important connections? No

**4. Please provide a detailed discussion of connections/impacts identified above.**

The charge by the Governor for keeping communities safe, supporting the most vulnerable in our population, and provide effective reentry connections to get JR youth employed or enrolled in school is supported by this decision package. Youth coming into JR have not received treatment services or did not respond effectively. This package addresses those needs in order to stabilize them and facilitate their return to the community without the need for high cost emergency services or incarceration.

**Alternatives/Consequences/Other**

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

Where possible, the agency looks to other programs to provide treatment services instead of utilizing state FTE, however, this population and the treatment provided is unique. The funding is primarily to expand capacity of existing programs or introduce mental health and substance use disorder treatment to portions of the population that slip through the cracks.

**6. How has or can the agency address the issue or need within its current appropriation level?**

This request cannot be absorbed within existing resources since the current appropriation does not provide funding sufficient to support the requested increase in services for youth.

**7. Does this decision package include funding for any IT-related costs (hardware, software, services, cloud-based services, contracts or IT staff)?**

- No**
- Yes (Include an IT Addendum)**  
(Addendum not required for the one programmer position in this package.)

**Fiscal Detail****020 - PL - BA - Behavioral Health System Gaps**

<b>Operating Expenditures</b>	<b><u>FY 2018</u></b>	<b><u>FY 2019</u></b>	<b><u>FY 2020</u></b>	<b><u>FY 2021</u></b>
001-1 General Fund-State	6,669,000	6,639,000	6,639,000	6,639,000
<b>Total Cost</b>	<b>6,669,000</b>	<b>6,639,000</b>	<b>6,639,000</b>	<b>6,639,000</b>

<b>Staffing</b>	<b><u>FY 2018</u></b>	<b><u>FY 2019</u></b>	<b><u>FY 2020</u></b>	<b><u>FY 2021</u></b>
FTEs	72.2	72.2	72.2	72.2

**Performance Measure Detail**

		<b>Incremental Changes</b>			
<b>Activity:</b>		<b><u>FY 2018</u></b>	<b><u>FY 2019</u></b>	<b><u>FY 2020</u></b>	<b><u>FY 2021</u></b>
<b>Program: 020</b>					
B045	Institutional Services for State Committed Juvenile Offender	0	0	0	0
B016	Community Facility Transitional Services for State Committe	0	0	0	0
B072	Parole Transitional Services for State Committed Juvenile O	0	0	0	0
B010	Program Support for Juvenile Rehabilitation	0	0	0	0
No measures submitted for package					

**Object Detail**

		<b><u>FY 2018</u></b>	<b><u>FY 2019</u></b>	<b><u>FY 2020</u></b>	<b><u>FY 2021</u></b>
A	Salaries and Wages	3,654,000	3,654,000	3,654,000	3,654,000
B	Employee Benefits	1,764,000	1,764,000	1,764,000	1,764,000
E	Goods and Other Services	436,000	436,000	436,000	436,000
G	Travel	14,000	14,000	14,000	14,000
N	Grants, Benefits, and Client Services	562,000	532,000	532,000	532,000
P	Debt Service	22,000	22,000	22,000	22,000
TZ	Intra-agency Reimbursements	217,000	217,000	217,000	217,000
<b>Total Objects</b>		<b>6,669,000</b>	<b>6,639,000</b>	<b>6,639,000</b>	<b>6,639,000</b>

**DSHS Source Detail****Overall Funding**

<b>Operating Expenditures</b>		<b><u>FY 2018</u></b>	<b><u>FY 2019</u></b>	<b><u>FY 2020</u></b>	<b><u>FY 2021</u></b>
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**Fund 001-1, General Fund-State****Sources Title**

0011	General Fund State	6,669,000	6,639,000	6,639,000	6,639,000
<b>Total for Fund 001-1</b>		<b>6,669,000</b>	<b>6,639,000</b>	<b>6,639,000</b>	<b>6,639,000</b>
<b>Total Overall Funding</b>		<b>6,669,000</b>	<b>6,639,000</b>	<b>6,639,000</b>	<b>6,639,000</b>

**2017-19 Biennial Budget**  
**PL-BA Behavioral Health System Gaps**

**Acute/Residential Care (GHS and EGCC) and Extended MH Care - NYC**

Fiscal Year	FTE	Object A	Object B	Object C	Object E	Object ED	Object G	Object J	Object N	Object P	Object T	Object TZ	Total
<b>Total Fiscal Year 1</b>	21.6	1,070,000	538,000		130,000	0	5,000	0		6,000	0	65,000	1,814,000
<b>Total Fiscal Year 2</b>	21.6	1,070,000	538,000		130,000	0	5,000	0		6,000	0	65,000	1,814,000
<b>Biennial Total</b>	<b>21.6</b>	<b>2,140,000</b>	<b>1,076,000</b>	<b>0</b>	<b>260,000</b>	<b>0</b>	<b>10,000</b>	<b>0</b>	<b>0</b>	<b>12,000</b>	<b>0</b>	<b>130,000</b>	<b>3,628,000</b>

**Extended MH Care - Green Hill School**

Fiscal Year	FTE	Object A	Object B	Object C	Object E	Object ED	Object G	Object J	Object N	Object P	Object T	Object TZ	Total
<b>Total Fiscal Year 1</b>	23.8	1,144,000	570,000		144,000	0	6,000	0		8,000	0	72,000	1,944,000
<b>Total Fiscal Year 2</b>	23.8	1,144,000	570,000		144,000	0	6,000	0		8,000	0	72,000	1,944,000
<b>Biennial Total</b>	<b>23.8</b>	<b>2,288,000</b>	<b>1,140,000</b>	<b>0</b>	<b>288,000</b>	<b>0</b>	<b>12,000</b>	<b>0</b>	<b>0</b>	<b>16,000</b>	<b>0</b>	<b>144,000</b>	<b>3,888,000</b>

**Therapeutic Recreational Specialist (3 FTE), Statewide Training/Consultant (2FTE), Community Facility Staffing (10.9), RN2 (1.5FTE)**

Fiscal Year	FTE	Object A	Object B	Object C	Object E	Object ED	Object G	Object J	Object N	Object P	Object T	Object TZ	Total
<b>Total Fiscal Year 1</b>	17.4	884,000	416,000		105,000	0	3,000	0		5,000	0	52,000	1,465,000
<b>Total Fiscal Year 2</b>	17.4	884,000	416,000		105,000	0	3,000	0		5,000	0	52,000	1,465,000
<b>Biennial Total</b>	<b>17.4</b>	<b>1,768,000</b>	<b>832,000</b>	<b>0</b>	<b>210,000</b>	<b>0</b>	<b>6,000</b>	<b>0</b>	<b>0</b>	<b>10,000</b>	<b>0</b>	<b>104,000</b>	<b>2,930,000</b>

**Assessment (3FTE), Aftercare (4FTE), Echo Glen-Outpatient (1.4 FTE), ITSS (1FTE)**

Fiscal Year	FTE	Object A	Object B	Object C	Object E	Object ED	Object G	Object J	Object N	Object P	Object T	Object TZ	Total
<b>Total Fiscal Year 1</b>	9.4	556,000	240,000		57,000	0	0	0		3,000	0	28,000	884,000
<b>Total Fiscal Year 2</b>	9.4	556,000	240,000		57,000	0	0	0		3,000	0	28,000	884,000
<b>Biennial Total</b>	<b>9.4</b>	<b>1,112,000</b>	<b>480,000</b>	<b>0</b>	<b>114,000</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>6,000</b>	<b>0</b>	<b>56,000</b>	<b>1,768,000</b>

**Psychiatry Contracted Services**

Fiscal Year	FTE	Object A	Object B	Object C	Object E	Object ED	Object G	Object J	Object N	Object P	Object T	Object TZ	Total
<b>Total Fiscal Year 1</b>									312,000				312,000
<b>Total Fiscal Year 2</b>									312,000				312,000
<b>Biennial Total</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>624,000</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>624,000</b>

**Treatment Services: Community Facility**

Fiscal Year	FTE	Object A	Object B	Object C	Object E	Object ED	Object G	Object J	Object N	Object P	Object T	Object TZ	Total
<b>Total Fiscal Year 1</b>									100,000				100,000
<b>Total Fiscal Year 2</b>									100,000				100,000
<b>Biennial Total</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>200,000</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>200,000</b>

**Mental Health Assessment Tool**

## 2017-19 Biennial Budget

### PL-BA Behavioral Health System Gaps

Fiscal Year	FTE	Object A	Object B	Object C	Object E	Object ED	Object G	Object J	Object N	Object P	Object T	Object TZ	Total
<b>Total Fiscal Year 1</b>									30,000				30,000
<b>Total Fiscal Year 2</b>													0
<b>Biennial Total</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>30,000</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>30,000</b>

### Contracted Community Aftercare Services

Fiscal Year	FTE	Object A	Object B	Object C	Object E	Object ED	Object G	Object J	Object N	Object P	Object T	Object TZ	Total
<b>Total Fiscal Year 1</b>									120,000				120,000
<b>Total Fiscal Year 2</b>									120,000				120,000
<b>Biennial Total</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>240,000</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>240,000</b>

### Grand Total

Fiscal Year	FTE	Object A	Object B	Object C	Object E	Object ED	Object G	Object J	Object N	Object P	Object T	Object TZ	Total
<b>Total Fiscal Year 1</b>	72.2	3,654,000	1,764,000	0	436,000	0	14,000	0	562,000	22,000	0	217,000	6,669,000
<b>Total Fiscal Year 2</b>	72.2	3,654,000	1,764,000	0	436,000	0	14,000	0	532,000	22,000	0	217,000	6,639,000
<b>Biennial Total</b>	<b>72.2</b>	<b>7,308,000</b>	<b>3,528,000</b>	<b>0</b>	<b>872,000</b>	<b>0</b>	<b>28,000</b>	<b>0</b>	<b>1,094,000</b>	<b>44,000</b>	<b>0</b>	<b>434,000</b>	<b>13,308,000</b>