

**Developmental Disabilities Administration
040 - M2 - ED - STATE HOSPITAL WAITLIST REDUCTION**

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

Budget Period: 2017-19

SUMMARY

Under current conditions, there is not enough capacity at the state hospitals to provide timely, safe, quality care to people who need the services to maintain their health and support safety for themselves and their communities. The Developmental Disabilities Administration (DDA) requests \$2,353,000 total funds (\$1,176,000 GF-State) and 15.5 FTE to reduce the waitlist for Western State Hospital by transitioning two people from the Habilitative Mental Health (HMH) ward to their own home in the community supported by a new DDA State Operated Living Alternative (SOLA). The SOLA in Pierce County will support two clients discharging from the HMH unit beginning in December 2016. The Governor's Innovation Fund in FY17 will provide funding. This request is to continue the funding for services from July 2017 onward.

PROBLEM STATEMENT

In two recent court cases, the state has been considered in contempt for not admitting both forensic and civil clients to the state psychiatric hospitals. Judges are imposing sanctions against the Department that exacerbate the problem, as community residential resources are scarce. In order to meet the statutory requirements for long-term support services, the Department must ensure the most appropriate and effective services are available for DDA clients that meet their residential needs in the least restrictive setting. This requires continued improved coordination of resources and continued funding of new and innovative resources and supports.

Beginning in August of 2016, the Department in coordination with the Office of Financial Management took immediate action to help alleviate this problem.

On the forensic commitment side:

- The Behavioral Health Administration (BHA) is working to ensure maximum use of available beds at Eastern and Western State Hospitals and at the community facilities in Yakima and Maple Lane.
- Continued funding is required to support additional capacity established at the Yakima facility (please see Alternate Restoration Treatment budget request).
- BHA added eight additional forensic beds.
- BHA is conducting re-evaluation of forensic clients at 45-day intervals rather than 90 days to more quickly identify patients whose competency has been restored and return them to their home communities to complete their legal processes.

On the civil commitment side:

- The Aging and Long-Term Support Administration (AL TSA) is pushing forward with more Enhanced Service Facility beds, Specialized Behavioral Support beds, Permanent Supportive Housing beds, and Specialized Nursing Facility beds all of which are better equipped to support clients with challenging aging and behavioral health issues.
- DDA is creating a SOLA to offer residential support services for clients with developmental and behavioral health challenges.



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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- Resources are being dedicated to increase discharge coordination with other behavioral health community settings to ensure clients are receiving services in the most appropriate setting outside of the state hospital.

PROPOSED SOLUTION

In order to continue these initiatives in the 2017-19 biennium, continued funding is needed for AL TSA \$1,724,000 Total Funds, (\$1,092,000 GF-State), DDA \$2,353,000 Total Funds, (\$1,176,000 GF-State) and 15.5 FTE, and BHA \$18,480,000 Total Funds, (\$17,872,000 GF-State) and 42.7 FTE. This funding will maintain programs designed to provide the most appropriate services to people in the least restrictive settings, meet compliance with statutory and constitutional requirements, and reduce costly legal sanctions.

For DDA, the funding is for continuing the SOLA created in Pierce County in 2016, serving two people who each have a mental health condition and a developmental disability. This particular SOLA has an enhanced staffing level of three staff on both day and swing shifts and one on the night shift in order to meet the needs of these individuals with complex support needs and challenging behaviors while maintaining their safety and the safety of the staff and the community.

EXPECTED RESULTS

Funding this request will increase access to services in appropriate settings to serve our most vulnerable Washingtonians with complex behavioral health needs. Access to the right level of care in the right settings at the right times will help clients achieve improved health outcomes and reduce costs to the systems of care. Patients served will be able to achieve the goal of recovery and remain in their own communities.

The SOLA program in Pierce County will continue to provide safe and stable housing for at least two clients. The house is planned to be a three-bedroom home with the option to serve a third person once the two individuals who first transition are stable and settled.

STAKEHOLDER IMPACT

This proposal is expected to have support from the Behavioral Health Organizations, Managed Care Organizations, the Washington State Hospital Association, the Centers for Medicare and Medicaid Services, AL TSA, DDA, the Forensic Mental Health System, and the Involuntary Commitment Judicial System and Washington State residents who have a loved one coping or struggling with serious psychiatric illness.

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Program Contact: Saif Hakim, (360) 725-2582

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 - Support People - Help the most vulnerable people become independent and self-sufficient.

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

2.2: Increase opportunities for individuals who live in large residential facilities to have the option to move into the community and be supported as needed.

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? No

b) Other local government impacts? No

c) Tribal government impacts? No

d) Other state agency impacts? No

e) Responds to specific task force, report, mandate or executive order? No

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

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.

N/A

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Alternatives/Consequences/Other

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

In the past, people with a developmental disability and a co-occurring mental health condition with extreme behaviors who were discharged from the state hospitals to community placement with contracted Supported Living providers. However, since these have been unsuccessful, the option of expanding the SOLA program, which is essentially a zero-reject option, seems to be the only feasible community alternative.

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

To lease and staff a SOLA home is expensive, particularly at the staffing levels required for people transitioning from the state hospitals that are necessary for the residents and the staff. The SOLA program is not part of the Medicaid caseload forecast process like personal care, so the agency cannot absorb the cost within existing resources.

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)**

Fiscal Detail**040 - M2 - ED - State Hospital Waitlist Reduction**

Operating Expenditures	<u>FY 2018</u>	<u>FY 2019</u>	<u>FY 2020</u>	<u>FY 2021</u>
001-1 General Fund-State	589,000	587,000	587,000	587,000
001-C General Fund-Medicaid	590,000	587,000	587,000	587,000
Total Cost	1,179,000	1,174,000	1,174,000	1,174,000
Staffing	<u>FY 2018</u>	<u>FY 2019</u>	<u>FY 2020</u>	<u>FY 2021</u>
FTEs	15.5	15.5	15.5	15.5

Performance Measure Detail

Activity:	Incremental Changes			
	<u>FY 2018</u>	<u>FY 2019</u>	<u>FY 2020</u>	<u>FY 2021</u>
Program: 040				
D095 State Operated Living Alternatives	0	0	0	0
No measures submitted for package				

Object Detail

	<u>FY 2018</u>	<u>FY 2019</u>	<u>FY 2020</u>	<u>FY 2021</u>
A Salaries and Wages	631,000	631,000	631,000	631,000
B Employee Benefits	393,000	393,000	393,000	393,000
E Goods and Other Services	92,000	92,000	92,000	92,000
G Travel	6,000	6,000	6,000	6,000
J Capital Outlays	5,000	0	0	0
P Debt Service	5,000	5,000	5,000	5,000
TZ Intra-agency Reimbursements	47,000	47,000	47,000	47,000
Total Objects	1,179,000	1,174,000	1,174,000	1,174,000

DSHS Source Detail**Overall Funding**

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

0011 General Fund State	589,000	587,000	587,000	587,000
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Total for Fund 001-1 **589,000** **587,000** **587,000** **587,000**

Fund 001-C, General Fund-Medicaid**Sources Title**

19TA Title XIX Assistance (FMAP)	590,000	587,000	587,000	587,000
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Total for Fund 001-C **590,000** **587,000** **587,000** **587,000**

Total Overall Funding **1,179,000** **1,174,000** **1,174,000** **1,174,000**