

**Developmental Disabilities Administration  
040 - PL - EU - BEHAVIOR SUPPORT INTERVENTION**

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

**Budget Period: 2017-19**

**SUMMARY**

The current waitlists at Western State Hospital (WSH) to admit new clients and to release people who no longer have a need for curative mental health treatment are unacceptable. Individuals with developmental disabilities in need of long-term services and supports are referred to the Developmental Disabilities Administration (DDA) for community placement. Currently, 15 people with developmental disabilities reside at WSH. DDA requests \$9,995,000 (\$5,030,000 GF-State) and 67.6 FTE to transition individuals with a developmental disability that are residing at WSH to six new State Operated Living Alternative (SOLA) locations in King and Pierce Counties staffed by state employees trained to manage and support difficult behaviors.

**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 becoming increasingly intolerant and are imposing sanctions against the department that exacerbate the problem, as resources are already scarce. In order to meet the statutory requirements for psychiatric services we must ensure we are serving people with the most appropriate and effective services that meet their 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.
- 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 care for clients with difficult aging and behavioral health issues.
- The Developmental Disabilities Administration (DDA) is creating a State Operated Living Alternative to care for clients with developmental and behavioral health challenges.
- Resources are being dedicated to increase discharge coordination with other behavioral health community settings to ensure clients are receiving services in the right setting outside of the state hospital.



**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 resources necessary to continue the efforts outlined above are being requested in the State Hospital Waitlist Reduction decision package (M2-ED).

Fifteen people with a developmental disability reside at Western State Hospital (WSH). Two of these people will transition to a new SOLA in December 2016, leaving 13 to transition to the community. Services provided to these clients would be eligible for a much higher federal match in the community than at the state hospitals. In addition, this would allow the state hospital beds to be used by other individuals seeking entry to the state hospitals who are currently on a waitlist.

**PROPOSED SOLUTION**

The proposal is to add six new SOLA homes in Pierce and King Counties to serve 13 clients. The first of these clients are expected to transition in July 2017. These homes would have capacity for 13 clients in total; however, it is important to note that not all homes will be ready at the same time.

DDA requests 67.6 FTE to staff the new SOLA homes with state employees trained to manage and support difficult behaviors. This consists of three Attendant Counselors on the day and swing shifts, and one on the night shift. In addition, the staffing includes a behavior therapist, two Attendant Counselor managers and one program manager.

**EXPECTED RESULTS**

DDA is committed to supporting individuals with developmental disabilities to live in, contribute to, and participate in the communities in which they reside. SOLAs play an integral role in supporting clients to reside in a community setting and are an important alternative to an institutional setting, like a Residential Habilitation Center or a state hospital. This request would provide sufficient capacity to transition 13 people with developmental disabilities currently awaiting discharge from WSH. These individuals do not currently benefit from active mental health treatment and costs to serve clients at the state hospitals are much higher than those available in the community. DDA strongly believes that individuals must have the option of living in the least restrictive setting available to support and ensure clients receive the quality of life and liberty they are entitled.

**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, ALTA, 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? N/A

**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 have been discharged from the state hospitals to community placement with contracted Supported Living providers. However, since these are not always successful due to the contracted providers' ability to refuse clients, the option of expanding the SOLA program, where the Department has oversight of the admission process, can be a more practicable 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 - PL - EU - Behavior Support Intervention**

<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	1,923,000	3,107,000	3,107,000	3,107,000
001-C General Fund-Medicaid	1,857,000	3,108,000	3,108,000	3,108,000
<b>Total Cost</b>	<b>3,780,000</b>	<b>6,215,000</b>	<b>6,215,000</b>	<b>6,215,000</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	50.3	85.0	85.0	85.0

**Performance Measure Detail**

Activity:	Incremental Changes			
	<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: 040</b>				
D095 State Operated Living Alternatives	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	1,953,000	3,276,000	3,276,000	3,276,000
B Employee Benefits	1,260,000	2,116,000	2,116,000	2,116,000
E Goods and Other Services	299,000	505,000	505,000	505,000
G Travel	18,000	31,000	31,000	31,000
J Capital Outlays	84,000	6,000	6,000	6,000
P Debt Service	15,000	26,000	26,000	26,000
TZ Intra-agency Reimbursements	151,000	255,000	255,000	255,000
<b>Total Objects</b>	<b>3,780,000</b>	<b>6,215,000</b>	<b>6,215,000</b>	<b>6,215,000</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	1,923,000	3,107,000	3,107,000	3,107,000
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**Total for Fund 001-1**      **1,923,000**      **3,107,000**      **3,107,000**      **3,107,000**

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

19TA Title XIX Assistance (FMAP)	1,857,000	3,108,000	3,108,000	3,108,000
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**Total for Fund 001-C**      **1,857,000**      **3,108,000**      **3,108,000**      **3,108,000**

**Total Overall Funding**      **3,780,000**      **6,215,000**      **6,215,000**      **6,215,000**