

**Behavioral Health Administration – Alcohol and Substance Abuse  
070 - M2 - HA - SECURE DETOX FACILITIES**

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

**Budget Period: 2017-19**

**SUMMARY**

The Legislature passed ESHB 1713 in the 2016 Legislative Session directing the department to open one secure detoxification facility in April 2018 and one each year thereafter until a total of nine facilities are opened statewide. Operational funding was not included in the 2016 Enacted Budget, and the Behavioral Health Administration (BHA) will need funds to operate such facilities. BHA requests \$6,126,000 Total Funds, (\$3,680,000 GF-State) to fulfill this requirement in the 2017-19 Biennium.

**PROBLEM STATEMENT**

ESHB 1713 directed the department to open a secure facility in April 2018 and then add an additional facility each year until nine facilities are operating within the state. Funding to open the facilities was not provided.

The Behavioral Health Organizations (BHO) currently contract for detoxification services. However, these services are considered voluntary under RCW 70.96A, therefore, these settings would not comply with the involuntary treatment services required in ESHB 1713. Since there are currently no secure detox facilities, individuals needing this level of treatment are temporarily detained in hospital emergency rooms, state hospitals, mental health evaluation and treatment (E&T) facilities or crisis facilities, or are unable to receive treatment at all due to lack of beds and funding. Placement of individuals needing secure detoxification treatment in other health care facilities is not only expensive but creates additional demand on resources and services intended to meet involuntary mental health treatment needs and /or emergency medical service needs.

This funding will establish facilities to provide appropriate substance use disorder (SUD) detoxification treatment in appropriate settings and reduce the use of more costly beds and services at hospitals and E&Ts. The phase-in of these facilities and funding over ten years will provide SUD care comparable to mental health involuntary treatment. Over the upcoming biennium the facilities are estimated to provide secure detoxification to 903 individuals gravely suffering from the disease of SUD.

**PROPOSED SOLUTION**

Beginning April 1, 2018 new 16-bed facilities will begin to provide secure detox to patients detained under the integrated substance use disorder involuntary treatment act. Using modelling from the secure Integrated Crisis Response (ICR) pilot program (2006-2009), it is estimated that 903 individuals will be served in these facilities each for an average of 9.7 days. Amendments to the statutes will align SUD involuntary commitment processes with current mental health processes creating better, more integrated care. Individuals who will benefit are those who are assessed by a Designated Crisis Responder (DCR) and determined to be “gravely disabled or presenting a likelihood of serious harm to self or others” due to a Substance Use Disorder.



**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

### EXPECTED RESULTS

The Washington State Institute for Public Policy completed several reviews of the secure detoxification pilot project and found that individuals provided secure detoxification services had lower hospitalization rates, less emergency department utilization, fewer arrests, and higher levels of employment and adherence to treatment services over the 18-month follow-up. (WSIPP, Document No. 08-07-3902)

Similar results can be expected from this proposal as individuals will be assessed for detention criteria into involuntary treatment consistent with involuntary mental health treatment and therefore:

- Will not go without care, or require more expensive institutional care setting.
- Will experience an increase in access to secure detox services availability for involuntary treatment.
- Have statistically lower rates of hospitalizations, emergency department visits and arrests.
- Have higher rates of adherence to treatment and employment.

### STAKEHOLDER IMPACT

This proposal is expected to have support of all involved agencies in serving individuals suffering from addiction, including Behavioral Health and Managed Care Organizations, Washington Hospital Association, Law Enforcement agencies and families attempting to get help for their loved ones needing secure detoxification services. There is no known opposition.

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Program Contact: Melissa Clarey, (360) 725-1675

**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.
2. **The decision package meets the following DSHS' strategic objectives:**  
3.2: Increase outpatient Substance Use Disorder treatment retention for adults.  
4.2: Maintain quality of health care standards in chemical dependency and mental health programs.
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. The Behavioral Health Organizations will be required to contract with such facilities.
  - b) **Other local government impacts?** No.
  - c) **Tribal government impacts?** Yes. Currently Tribal courts have jurisdiction over SUD ITA, with changes in HB 1713 only Superior court has jurisdiction over Involuntary Treatment Act (ITA) proceedings.
  - d) **Other state agency impacts?** Yes. Administrator of the Courts. If the provider or Designated Crisis Responder files for commitment after the 72 hour initial hold, the superior court where the detox facility is located is responsible for additional court proceedings. The Health Care Authority will also be impacted as they will need access to these services.
  - 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?** Yes, capital funding will be needed for these facilities.
  - i) **Is change required to existing statutes, rules or contracts?** Yes, WACs will need to be created and BHO rates and contracts will need to be updated once the facilities are operational.
  - j) **Is the request related to litigation?** No
  - k) **Is the request related to Puget Sound recovery?** No
  - l) **Other important connections?** No

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- 4. Please provide a detailed discussion of connections/impacts identified above.** The changes called for in aligning SUD ITA to be consistent with mental health will create significant issues as the current statute is utilized differently across the state. Developing and funding secure detoxification facilities and paying for services will provide better access for the state's residents, gravely suffering from substance use disorders.
- 5. Please provide a detailed discussion of connections/impacts identified above.** Developing and funding secure detox facilities and paying for services will provide better access for the state's residents, gravely suffering from substance use disorders. The 10 year implementation timeline and costs related to fully implementing the project will continue to create questions as to the viability of the project as funding was not appropriated for the entire project. There will be both intended and unintended consequences related to the placement of facilities and the impact on the counties, courts, law enforcement, ambulance and hospitals and will create variation depending on the availability of the local resources.

**Alternatives/Consequences/Other**

- 6. What alternatives were explored by the agency, and why was this alternative chosen?** If this proposal is not funded the implementation of this program will be delayed, and the individuals needing this type of treatment will continue to use more expensive critical resources at an increased cost to the State, or will not receive necessary services at all.
- 7. How has or can the agency address the issue or need within its current appropriation level?** This request is part of legislative action as part of ESHB 1713, the agency does not have funding in its current budget to implement such facilities.
- 8. 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**

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<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	1,069,000	2,611,000	4,153,000	5,694,000
001-C General Fund-Medicaid	408,000	2,038,000	3,668,000	5,299,000
<b>Total Cost</b>	<b>1,477,000</b>	<b>4,649,000</b>	<b>7,821,000</b>	<b>10,993,000</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	0.0	0.0	0.0	0.0

**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: 070</b>					
G022	DASA Administration	0	0	0	0
G015	Community Based Substance Abuse Treatment Services	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>
C	Professional Service Contracts	200,000	200,000	200,000	200,000
N	Grants, Benefits, and Client Services	1,277,000	4,449,000	7,621,000	10,793,000
<b>Total Objects</b>		<b>1,477,000</b>	<b>4,649,000</b>	<b>7,821,000</b>	<b>10,993,000</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	1,069,000	2,611,000	4,153,000	5,694,000
<b>Total for Fund 001-1</b>		<b>1,069,000</b>	<b>2,611,000</b>	<b>4,153,000</b>	<b>5,694,000</b>

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

**Sources Title**

19TA	Title XIX Assistance (FMAP)	408,000	2,038,000	3,668,000	5,299,000
<b>Total for Fund 001-C</b>		<b>408,000</b>	<b>2,038,000</b>	<b>3,668,000</b>	<b>5,299,000</b>

<b>Total Overall Funding</b>		<b>1,477,000</b>	<b>4,649,000</b>	<b>7,821,000</b>	<b>10,993,000</b>
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**2017 - 19 Biennial Budget**  
**070-M2-HA-Secure Detox Facilities**

		FY 18	FY 19	FY 20	FY 21	FY 22	FY 23	FY 24	FY 25	FY 26	FY 27	
Facilities												
Apr-18	1	\$ 1,460	\$ 5,840	\$ 5,840	\$ 5,840	\$ 5,840	\$ 5,840	\$ 5,840	\$ 5,840	\$ 5,840	\$ 5,840	
Apr-19	1	\$ -	\$ 1,460	\$ 5,840	\$ 5,840	\$ 5,840	\$ 5,840	\$ 5,840	\$ 5,840	\$ 5,840	\$ 5,840	
Apr-20	1	\$ -	\$ -	\$ 1,460	\$ 5,840	\$ 5,840	\$ 5,840	\$ 5,840	\$ 5,840	\$ 5,840	\$ 5,840	
Apr-21	1	\$ -	\$ -	\$ -	\$ 1,460	\$ 5,840	\$ 5,840	\$ 5,840	\$ 5,840	\$ 5,840	\$ 5,840	
Apr-22	1	\$ -	\$ -	\$ -	\$ -	\$ 1,460	\$ 5,840	\$ 5,840	\$ 5,840	\$ 5,840	\$ 5,840	
Apr-23	1	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,460	\$ 5,840	\$ 5,840	\$ 5,840	\$ 5,840	
Apr-24	1	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,460	\$ 5,840	\$ 5,840	\$ 5,840	
Apr-25	1	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,460	\$ 5,840	\$ 5,840	
Apr-26	1	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,460	\$ 5,840	
<b>Total</b>	<b>9</b>	<b>\$ 1,460</b>	<b>\$ 7,300</b>	<b>\$ 13,140</b>	<b>\$ 18,980</b>	<b>\$ 24,820</b>	<b>\$ 30,660</b>	<b>\$ 36,500</b>	<b>\$ 42,340</b>	<b>\$ 48,180</b>	<b>\$ 52,560</b>	
LOS		9.7	9.7	9.7	9.7	9.7	9.7	9.7	9.7	9.7	9.7	
People Served		151	753	1355	1957	2559	3161	3763	4365	4967	5419	
		\$ 2,569,600	0.25	1.25	2.25	3.25	4.25	5.25	6.25	7.25	8.25	
<b>Secure detox bed day cost</b>		<b>\$ 440</b>	<b>\$ 642,400</b>	<b>\$ 3,212,000</b>	<b>\$ 5,781,600</b>	<b>\$ 8,351,200</b>	<b>\$ 10,920,800</b>	<b>\$ 13,490,400</b>	<b>\$ 16,060,000</b>	<b>\$ 18,629,600</b>	<b>\$ 21,199,200</b>	<b>\$ 23,126,400</b>
GF-S	42%	\$ 269,808	\$ 1,349,040	\$ 2,428,272	\$ 3,507,504	\$ 4,586,736	\$ 5,665,968	\$ 6,745,200	\$ 7,824,432	\$ 8,903,664	\$ 9,713,088	
Fed	58%	\$ 372,592	\$ 1,862,960	\$ 3,353,328	\$ 4,843,696	\$ 6,334,064	\$ 7,824,432	\$ 9,314,800	\$ 10,805,168	\$ 12,295,536	\$ 13,413,312	
<b>Training annual cost- 100% GF-S</b>		<b>\$ 200,000</b>	<b>\$ 200,000</b>	<b>\$ 200,000</b>	<b>\$ 200,000</b>	<b>\$ 200,000</b>	<b>\$ 200,000</b>	<b>\$ 200,000</b>	<b>\$ 200,000</b>	<b>\$ 200,000</b>	<b>\$ 200,000</b>	
<b>ITA Court Costs 100% gf-S</b>		<b>\$ 600</b>	<b>\$ 90,309</b>	<b>\$ 451,546</b>	<b>\$ 812,784</b>	<b>\$ 1,174,021</b>	<b>\$ 1,535,258</b>	<b>\$ 1,896,495</b>	<b>\$ 2,257,732</b>	<b>\$ 2,618,969</b>	<b>\$ 2,980,206</b>	<b>\$ 3,251,134</b>
<b>Transportation Costs</b>		<b>\$ 280</b>	<b>\$ 42,144</b>	<b>\$ 210,722</b>	<b>\$ 379,299</b>	<b>\$ 547,876</b>	<b>\$ 716,454</b>	<b>\$ 885,031</b>	<b>\$ 1,053,608</b>	<b>\$ 1,222,186</b>	<b>\$ 1,390,763</b>	<b>\$ 1,517,196</b>
GF-S	42%	\$ 17,701	\$ 88,503	\$ 159,306	\$ 230,108	\$ 300,911	\$ 371,713	\$ 442,515	\$ 513,318	\$ 584,120	\$ 637,222	
Fed	58%	\$ 24,444	\$ 122,219	\$ 219,993	\$ 317,768	\$ 415,543	\$ 513,318	\$ 611,093	\$ 708,868	\$ 806,642	\$ 879,974	
<b>Additional Inpatient Treatment</b>		<b>\$ 4,500</b>	<b>\$ 149,010</b>	<b>\$ 745,052</b>	<b>\$ 1,341,093</b>	<b>\$ 1,937,134</b>	<b>\$ 2,533,175</b>	<b>\$ 3,129,216</b>	<b>\$ 3,725,258</b>	<b>\$ 4,321,299</b>	<b>\$ 4,917,340</b>	<b>\$ 5,364,371</b>
GF-S	42%	\$ 62,584	\$ 312,922	\$ 563,259	\$ 813,596	\$ 1,063,934	\$ 1,314,271	\$ 1,564,608	\$ 1,814,946	\$ 2,065,283	\$ 2,253,036	
Fed	58%	\$ 86,426	\$ 432,130	\$ 777,834	\$ 1,123,538	\$ 1,469,242	\$ 1,814,946	\$ 2,160,649	\$ 2,506,353	\$ 2,852,057	\$ 3,111,335	
<b>MH E&amp;T Offset</b>		<b>\$ (7,760)</b>	<b>\$ (130,816)</b>	<b>\$ (654,080)</b>	<b>\$ (1,177,344)</b>	<b>\$ (1,700,608)</b>	<b>\$ (2,223,872)</b>	<b>\$ (2,747,136)</b>	<b>\$ (3,270,400)</b>	<b>\$ (3,793,664)</b>	<b>\$ (4,316,928)</b>	<b>\$ (4,709,376)</b>
GF-S	42%	\$ (54,943)	\$ (274,714)	\$ (494,484)	\$ (714,255)	\$ (934,026)	\$ (1,153,797)	\$ (1,373,568)	\$ (1,593,339)	\$ (1,813,110)	\$ (1,977,938)	
Fed	58%	\$ (75,873)	\$ (379,366)	\$ (682,860)	\$ (986,353)	\$ (1,289,846)	\$ (1,593,339)	\$ (1,896,832)	\$ (2,200,325)	\$ (2,503,818)	\$ (2,731,438)	
<b>MH DMHP Costs (100% GF-S)</b>		<b>\$ 483,750</b>	<b>\$ 483,750</b>	<b>\$ 483,750</b>	<b>\$ 483,750</b>	<b>\$ 483,750</b>	<b>\$ 483,750</b>	<b>\$ 483,750</b>	<b>\$ 483,750</b>	<b>\$ 483,750</b>	<b>\$ 483,750</b>	
<b>Total Costs</b>		<b>\$ 1,477,000</b>	<b>\$ 4,649,000</b>	<b>\$ 7,821,000</b>	<b>\$ 10,993,000</b>	<b>\$ 14,166,000</b>	<b>\$ 17,338,000</b>	<b>\$ 20,510,000</b>	<b>\$ 23,682,000</b>	<b>\$ 26,854,000</b>	<b>\$ 29,233,000</b>	
GF-S		\$ 1,069,000	\$ 2,611,000	\$ 4,153,000	\$ 5,695,000	\$ 7,237,000	\$ 8,778,000	\$ 10,320,000	\$ 11,862,000	\$ 13,404,000	\$ 14,560,000	
Fed		\$ 408,000	\$ 2,038,000	\$ 3,668,000	\$ 5,299,000	\$ 6,929,000	\$ 8,559,000	\$ 10,190,000	\$ 11,820,000	\$ 13,450,000	\$ 14,673,000	
<b>Biennial Total</b>			<b>\$ 6,126,000</b>		<b>\$ 18,814,000</b>		<b>\$ 31,504,000</b>		<b>\$ 44,192,000</b>		<b>\$ 56,087,000</b>	
GF-S			\$ 3,680,000		\$ 9,848,000		\$ 16,015,000		\$ 22,182,000		\$ 27,964,000	
Federal			\$ 2,446,000		\$ 8,967,000		\$ 15,488,000		\$ 22,010,000		\$ 28,123,000	

FN Assumptions

1. Bed day cost \$440	\$ 1,315,750	\$ 3,172,000	\$ 3,172,000	\$ 3,172,000	\$ 3,172,000	\$ 3,173,000	\$ 3,172,000	\$ 3,172,000	\$ 3,172,000	\$ 3,172,000	\$ 2,379,000
2. Staffing 2 FTEs and then 1											
3. Calculate full cost of transportation (HCA Impact)											
4. Residential treatment to 30 days											
5. Offsets- calculated full offsets to get to 610	11%	17	84	152	219	287	354	421	489	556	607
6. Offsets- use same GF-S and Fed breakout											