

**BEHAVIORAL HEALTH & SERVICE
INTEGRATION ADMINISTRATION
BH Statewide Ombudsman**



2016 SUPPLEMENTAL BUDGET

Request	FY16	FY17	15-17
FTE	0.3	1.0	0.7
GF-State	\$20,000	\$66,000	\$86,000
Total	\$34,000	\$110,000	\$144,000

DECISION PACKAGE SUMMARY

The Behavioral Health and Service Integration Administration (BHSIA) requests funding for a full time position for the office of certification, licensing, and customer service in order to support Substance Use Disorders (SUD) converting from a fee-for-service system to a managed care system, which will require each Behavioral Health Organization (BHO) to have an ombudsman office for both Mental Health (MH) and SUD services.

PROBLEM STATEMENT

In 2014, the Washington State Legislature passed Second Substitute Senate Bill (SSSB) 6312, which directs the department to integrate SUD purchasing into managed care contracts administered by BHOs by April 1, 2016. Request legislation within this decision package is required to meet SSSB 6312.

Currently, Regional Support Networks (RSNs) are required by Chapter 71.24.350 Revised Code of Washington (RCW) to provide a statewide MH ombudsman office. This is not currently required for SUD. When SUDs are added to integrated behavioral health managed care on April 1, 2016, each BHO will be required to provide a behavioral health ombudsman office for SUD as well as MH. Ombudsman services are offered to individuals to help resolve concerns at the lowest possible level during the grievance, appeal, and administrative hearing process.

The request legislation that supports this request amends RCW 71.24.350, which currently requires a MH ombudsman office in each RSN. The proposed legislation requires BHOs to provide for a behavioral health ombudsman office, which adds individuals with SUDs. As a result, the Division of Behavioral Health and Recovery (DBHR) expects increasing numbers of requests from individuals in SUD treatment as more SUD treatment recipients become aware of their due process rights, requiring the department to process requests and coordinate hearings. In order to fulfill this obligation, a new position will be necessary. This position will handle SUD complaints, which are projected to average about 300 to 350 annually. Complaints are resolved at the lowest possible level, but it is anticipated that 15 percent will request a hearing. The hearings caseload is anticipated to increase by 45 to 50 hearings a year. Current staff managed 30 MH hearings in 2014 and has experienced increasing requests in 2015. If the request is not funded, DBHR will not be able to



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DSHS MISSION
To transform lives

DSHS VALUES
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respond to an individual's concerns about the quality of their SUD treatment in a timely manner, as required by Chapter 34.05 RCW, and the Administrative Procedures Act.

PROPOSED SOLUTION

Request legislation supporting this decision package will recodify 32 sections of the RCW relating to the administration of the state SUD program into the chapter relating to the BHO managed care program, repeal 12 sections of code, and update terminology relating to SUDs and MH.

BHSIA requests funding for a full time position for the office of certification, licensing, and customer service in order to support BHO ombudsman offices across the state.

Request legislation is proposed to be introduced during the 2016 Legislative Session. In 2015, this request legislation was introduced as House Bill (HB) 1916 and received a number of hearings. Fiscal notes were developed to begin integrating services by April 1, 2016.

EXPECTED RESULTS

This position will handle SUD complaints, which are projected to be about the same as the existing MH ombudsman program. BHSIA expects to receive 300 to 350 SUD complaints per year. We anticipate that 15 percent will request a hearing and the hearings caseload could reach 45 to 50 new requests annually.

STAKEHOLDER IMPACT

Some stakeholders may have concerns regarding the current implementation of behavioral health service integration. However, the majority of professional and advocacy groups will support this as separate administrative statutes for MH and SUD often result in a fragmented and inefficient system.