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2013-15

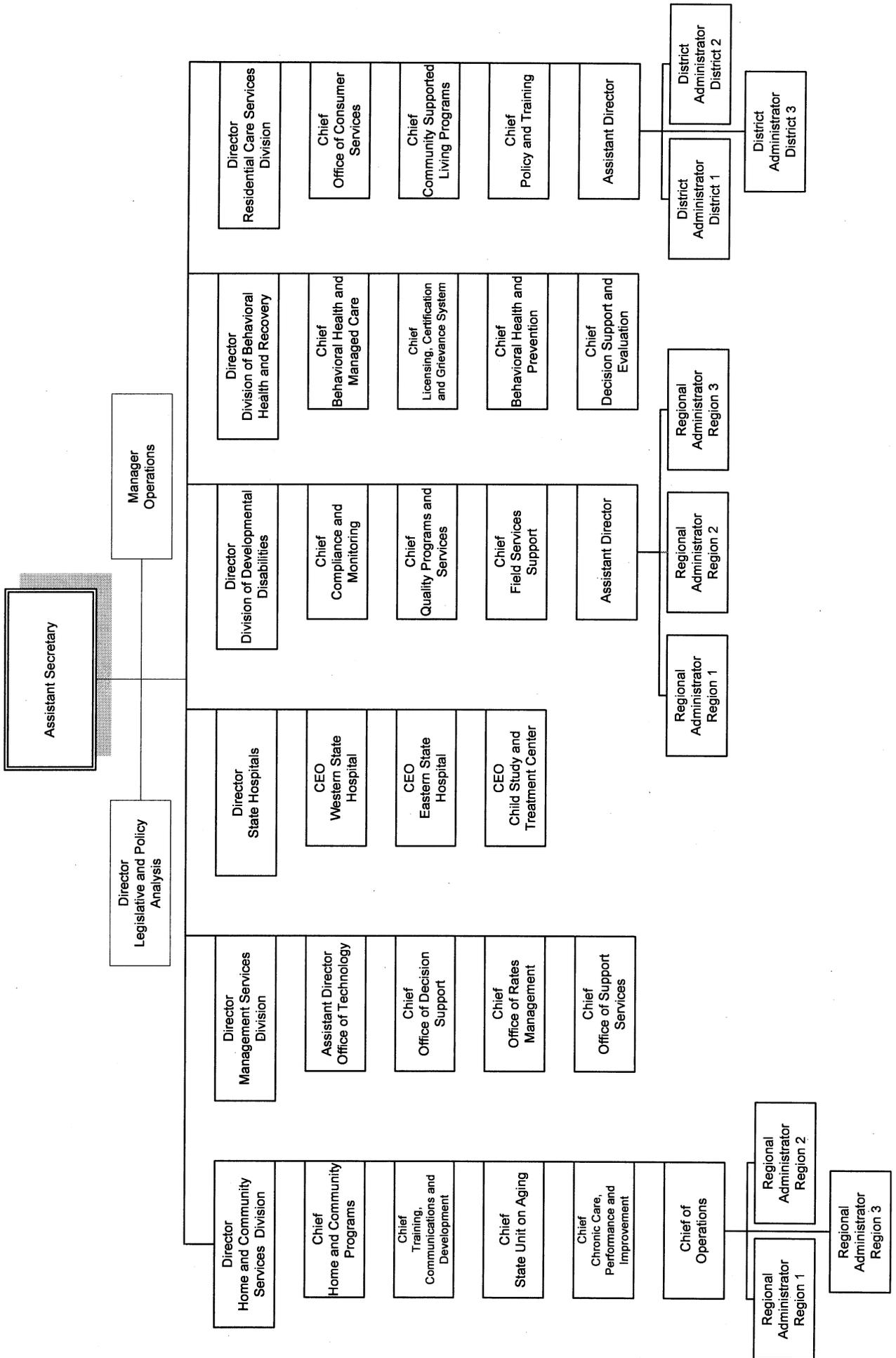
Biennial Budget
Mental Health Division

DSHS Budget Division

Section 1
Organization Chart

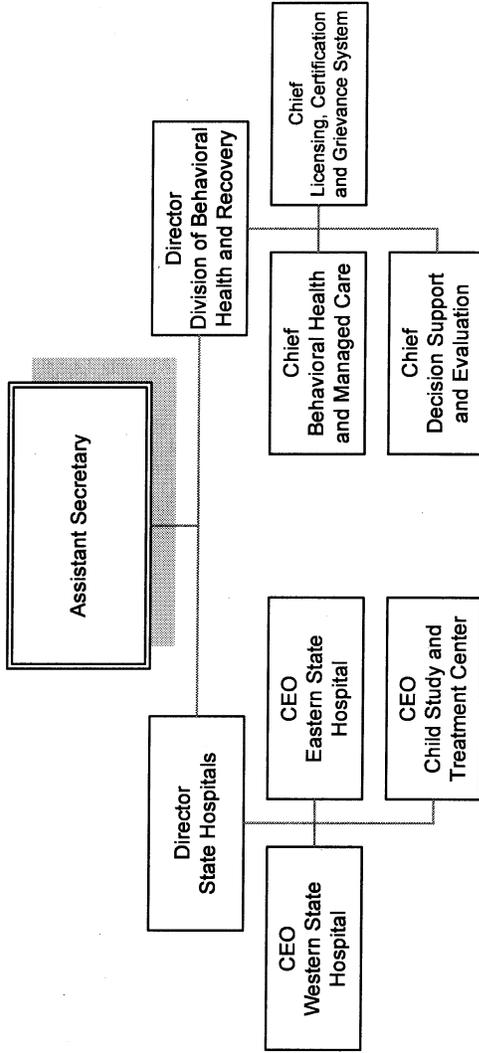
Code	Title
300	Department of Social and Health Services
AGENCY PROGRAM	Aging and Disability Services Administration

AGING AND DISABILITY SERVICES ADMINISTRATION



AGENCY PROGRAM	Code 300 030	Title Department of Social and Health Services Mental Health
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MENTAL HEALTH



300 - Dept of Social and Health Services

C017 Community Mental Health Prepaid Health Services

Community Mental Health Prepaid Health Services provide financial support and program direction for community mental health programs delivered by Regional Support Networks. Programs include mental health services for outpatient, inpatient, acute care, emergency, day treatment, consultation and education, employment services, and Medicaid transportation. Community support services include screening of voluntary referrals to state hospitals; discharge planning with the hospitals; crisis response; case management for chronic clients in the community; and residential programs that supervise, support, treat, and rehabilitate adults and children.

Program 030 - Mental Health

Account	FY 2014	FY 2015	Biennial Total
FTE			
996-Z Other	17.0	17.0	17.0
001 General Fund			
001-1 State	\$207,137,000	\$218,058,000	\$425,195,000
001-2 Federal	\$4,085,000	\$4,191,000	\$8,276,000
001-7 Private/Local	\$8,932,000	\$8,932,000	\$17,864,000
001-C Medicaid Federal	\$222,461,000	\$229,614,000	\$452,075,000
001 Account Total	\$442,615,000	\$460,795,000	\$903,410,000
16W Hospital Safety Net Assessment Account			
16W-1 State	\$2,792,000	\$2,703,000	\$5,495,000

Statewide Result Area: **Improve the health of Washingtonians**
 Statewide Strategy: **Provide access to health care**

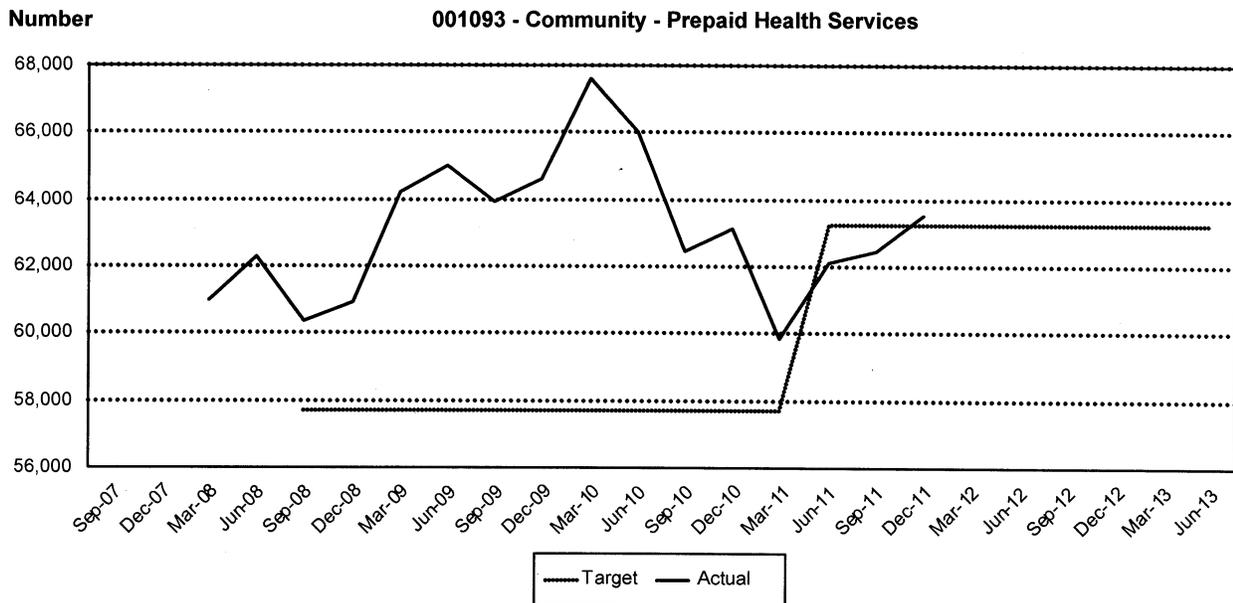
Expected Results

Provide and ensure quality and cost-effective mental health services that support the health and well-being of individuals, families and communities in Washington State.

Appropriation Period: 2013-15 Activity Version: 11 - 2013-15 2-YR Agency Req Program:030 Sort By: Activity

001093 The number of Medicaid individuals who receive outpatient services from the Regional Support Networks.			
Biennium	Period	Actual	Target
2011-13	Q8		63,239
	Q7		63,239
	Q6		63,239
	Q5		63,239
	Q4		63,239
	Q3		63,239
	Q2	63,551	63,239
	Q1	62,474	63,242
2009-11	Q8	62,125	63,242
	Q7	59,831	57,719
	Q6	63,121	57,719
	Q5	62,436	57,717
	Q4	65,997	57,717
	Q3	67,586	57,717
	Q2	64,615	57,717
	Q1	63,933	57,717

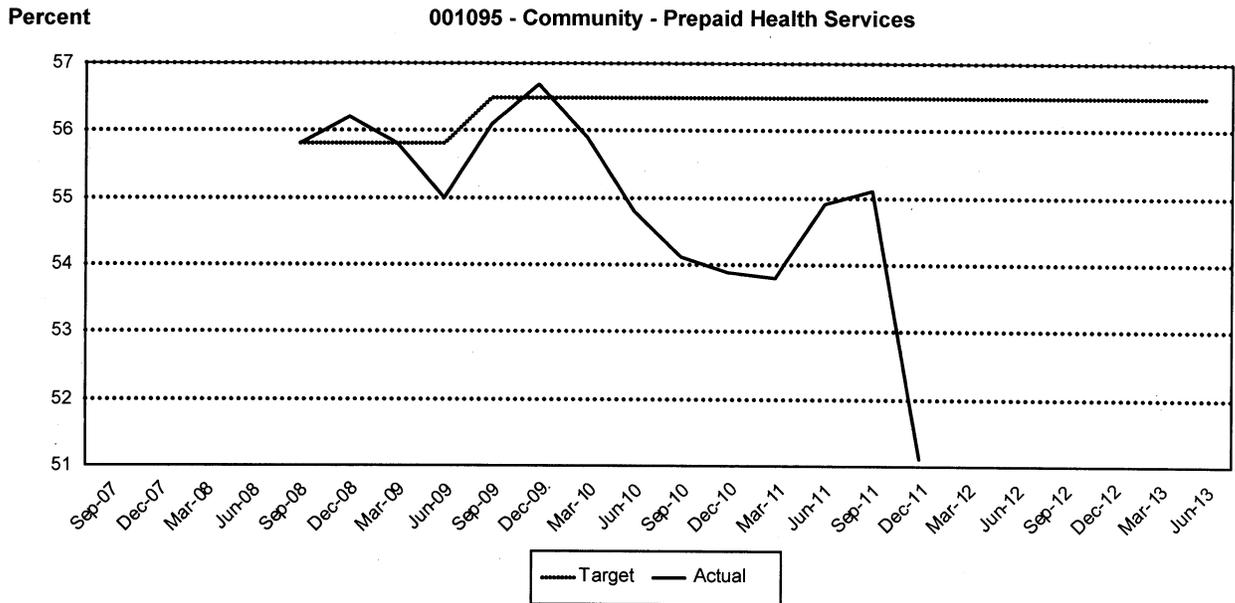
Performance Measure Status: Approved



Appropriation Period: 2013-15 Activity Version: 11 - 2013-15 2-YR Agency Req Program:030 Sort By: Activity

001095 The percentage of consumers who are seen in the Mental Health system within seven days following discharge from inpatient services.			
Biennium	Period	Actual	Target
2011-13	Q8		56.5%
	Q7		56.5%
	Q6		56.5%
	Q5		56.5%
	Q4		56.5%
	Q3		56.5%
	Q2	51.1%	56.5%
	Q1	55.1%	56.5%
2009-11	Q8	54.9%	56.5%
	Q7	53.8%	56.5%
	Q6	53.9%	56.5%
	Q5	54.1%	56.5%
	Q4	54.8%	56.5%
	Q3	55.9%	56.5%
	Q2	56.7%	56.5%
	Q1	56.1%	56.5%

Performance Measure Status: Approved



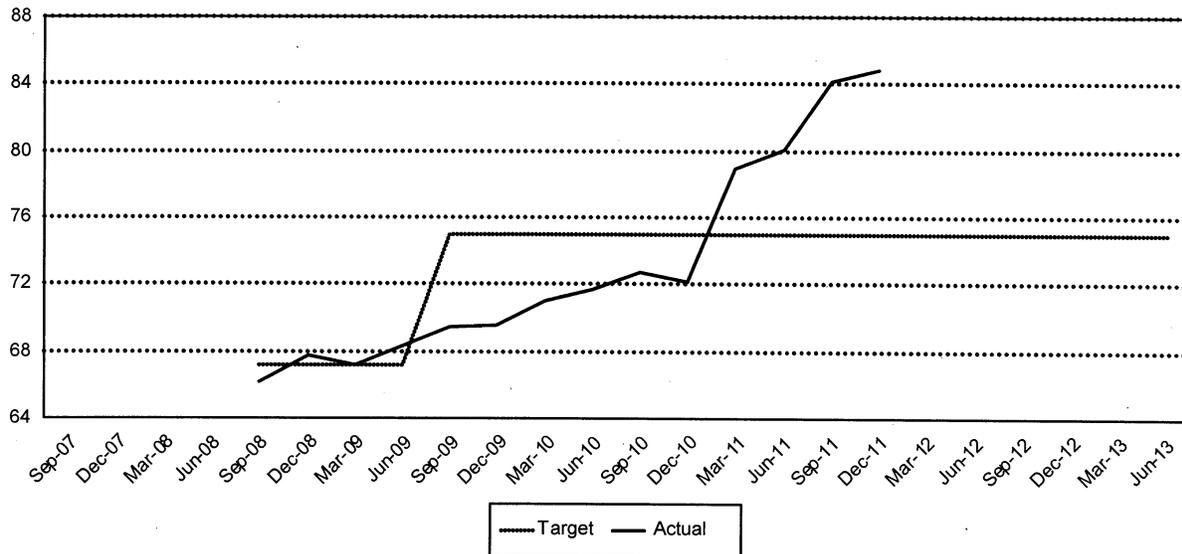
Appropriation Period: 2013-15 Activity Version: 11 - 2013-15 2-YR Agency Req Program:030 Sort By: Activity

001097 The percentage of consumers who receive an intake within 14 days of request.			
Biennium	Period	Actual	Target
2011-13	Q8		75%
	Q7		75%
	Q6		75%
	Q5		75%
	Q4		75%
	Q3		75%
	Q2	84.8%	75%
	Q1	84.2%	75%
2009-11	Q8	80.1%	75%
	Q7	78.9%	75%
	Q6	72.2%	75%
	Q5	72.7%	75%
	Q4	71.7%	75%
	Q3	71%	75%
	Q2	69.5%	75%
	Q1	69.4%	75%

Performance Measure Status: Approved

Percent

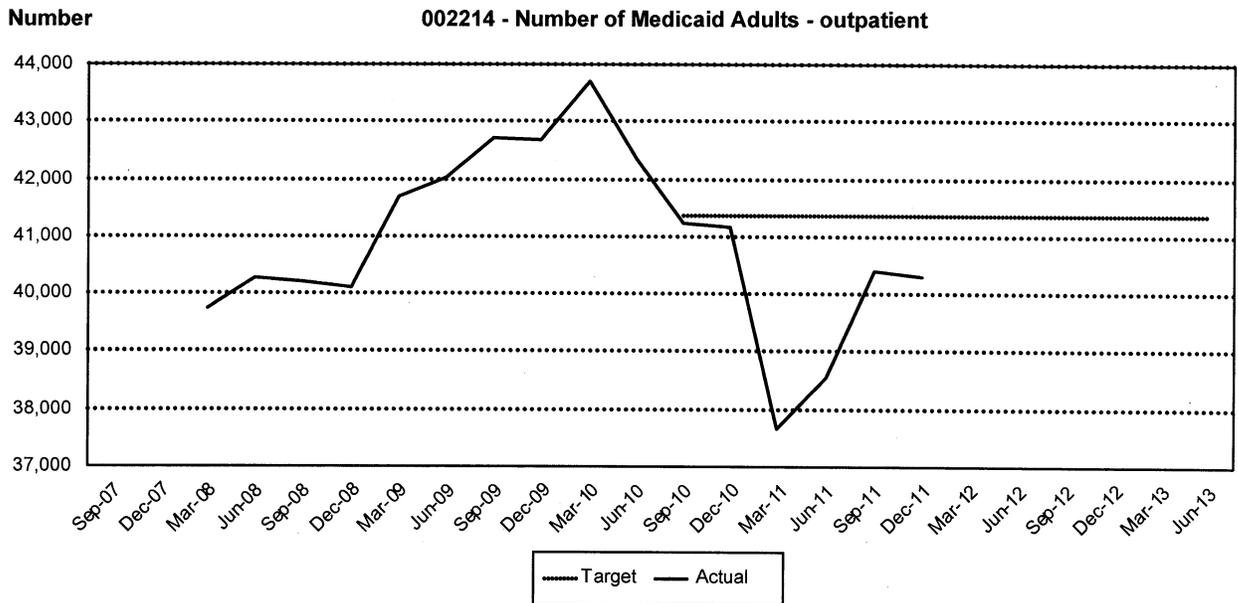
001097 - Community - Prepaid Health Services



Appropriation Period: 2013-15 Activity Version: 11 - 2013-15 2-YR Agency Req Program:030 Sort By: Activity

002214 The number of Medicaid adults who receive outpatient services from Regional Support Networks.			
Biennium	Period	Actual	Target
2011-13	Q8		41,353
	Q7		41,353
	Q6		41,353
	Q5		41,353
	Q4		41,353
	Q3		41,353
	Q2	40,317	41,353
	Q1	40,394	41,353
2009-11	Q8	38,561	41,353
	Q7	37,643	41,353
	Q6	41,148	41,353
	Q5	41,239	41,353
	Q4	42,346	
	Q3	43,690	
	Q2	42,678	
	Q1	42,698	

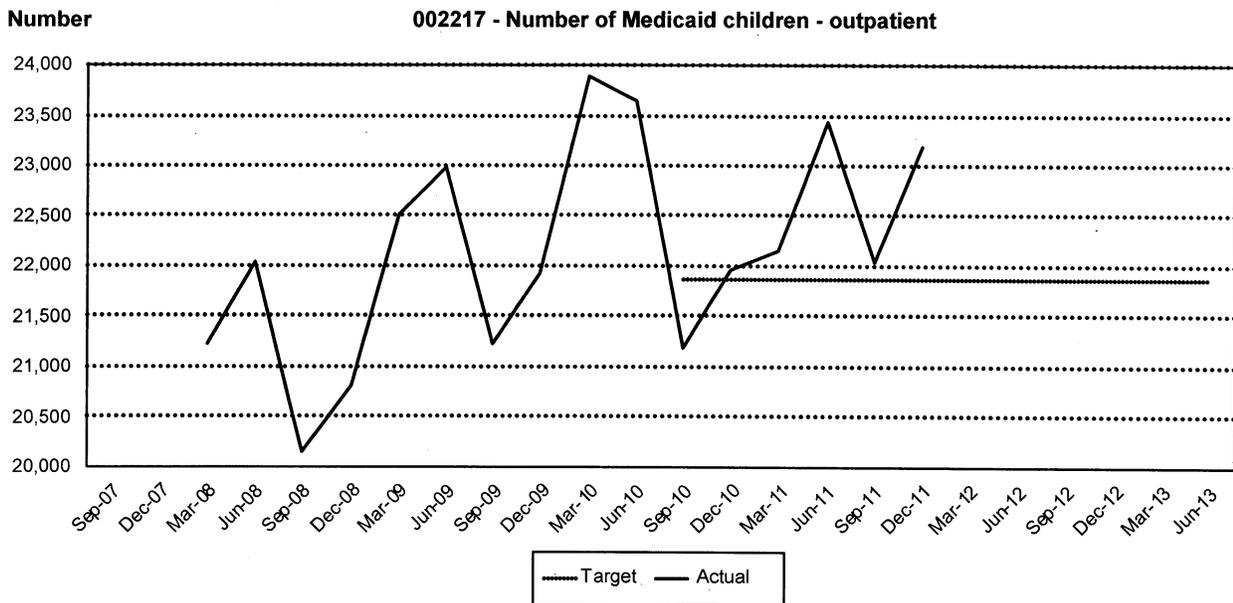
Performance Measure Status: Draft



Appropriation Period: 2013-15 Activity Version: 11 - 2013-15 2-YR Agency Req Program:030 Sort By: Activity

002217 The number of Medicaid children who receive outpatient services from a Regional Support Network.			
Biennium	Period	Actual	Target
2011-13	Q8		21,874
	Q7		21,874
	Q6		21,874
	Q5		21,874
	Q4		21,874
	Q3		21,874
	Q2	23,192	21,874
	Q1	22,043	21,874
2009-11	Q8	23,440	21,874
	Q7	22,152	21,874
	Q6	21,962	21,874
	Q5	21,181	21,874
	Q4	23,636	
	Q3	23,879	
	Q2	21,928	
	Q1	21,225	

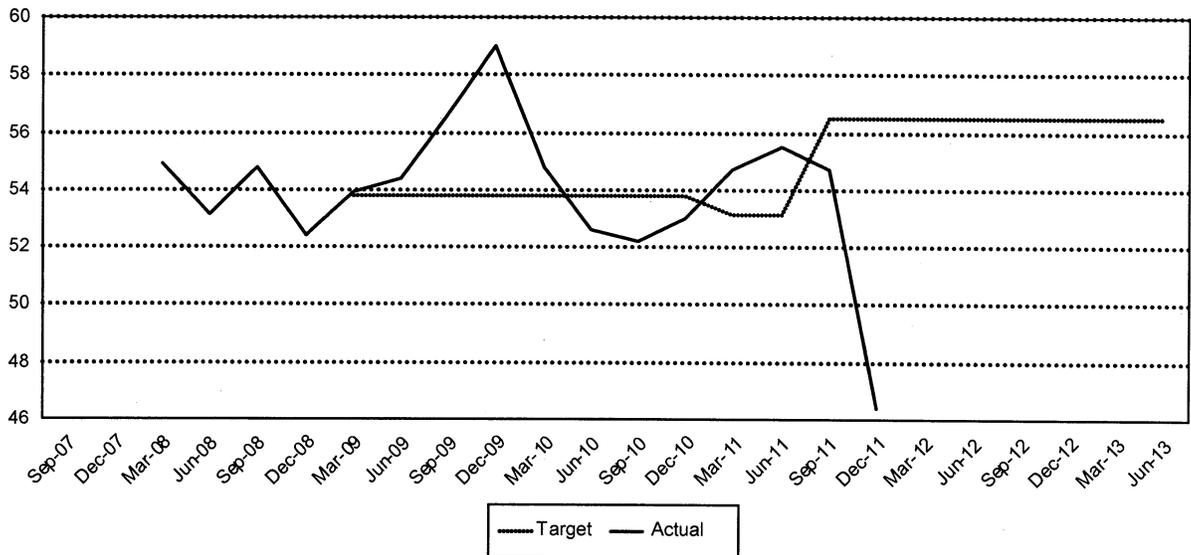
Performance Measure Status: Draft



002215 The percentage of Medicaid adults seen in the mental health system within 7 days post-discharge from inpatient services.			
Biennium	Period	Actual	Target
2011-13	Q8		56.5%
	Q7		56.5%
	Q6		56.5%
	Q5		56.5%
	Q4		56.5%
	Q3		56.5%
	Q2	46.4%	56.5%
	Q1	54.7%	56.5%
2009-11	Q8	55.5%	53.1%
	Q7	54.7%	53.1%
	Q6	53%	53.8%
	Q5	52.2%	53.8%
	Q4	52.6%	53.8%
	Q3	54.8%	53.8%
	Q2	59%	53.8%
	Q1	56.6%	53.8%

Performance Measure Status: Draft

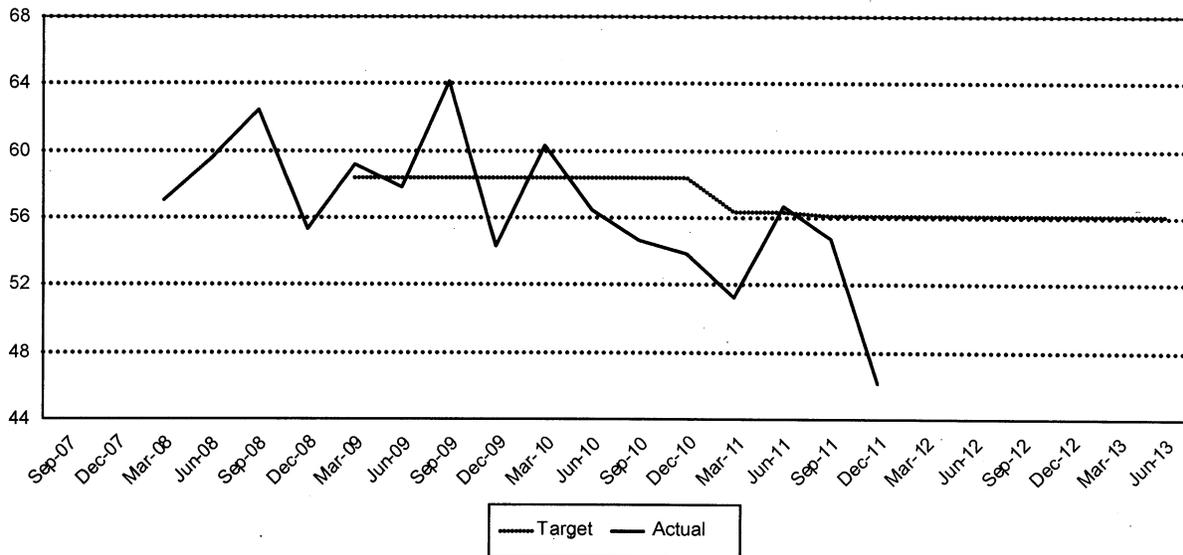
Percent 002215 - Percentage of Medicaid adults - post discharge



002218 The percentage of Medicaid children seen in the mental health system within 7 days post-discharge from inpatient services.			
Biennium	Period	Actual	Target
2011-13	Q8		56.1%
	Q7		56.1%
	Q6		56.1%
	Q5		56.1%
	Q4		56.1%
	Q3		56.1%
	Q2	46.1%	56.1%
	Q1	54.7%	56.1%
2009-11	Q8	56.7%	56.3%
	Q7	51.2%	56.3%
	Q6	53.9%	58.4%
	Q5	54.6%	58.4%
	Q4	56.5%	58.4%
	Q3	60.3%	58.4%
	Q2	54.3%	58.4%
	Q1	64.2%	58.4%

Performance Measure Status: Draft

Percent 002218 - Percentage of Medicaid children - post-discharge



C018 Mental Health Services - Non-Medicaid Recipients

Appropriation Period: 2013-15 Activity Version: 11 - 2013-15 2-YR Agency Req Program:030 Sort By: Activity

Mental Health Services - Non-Medicaid Recipients provide financial support and program direction to Regional Support Networks for community mental health programs for non-Medicaid eligibles and for services that do not qualify for Medicaid under the state plan. Programs provide services for outpatient, inpatient, acute care, day treatment, consultation and education, and employment services. Community support services include screening of voluntary referrals to state hospitals; discharge planning with the hospitals; crisis response; case management for chronic clients in the community; and residential programs that supervise, support, treat, and rehabilitate adults and children.

Program 030 - Mental Health

Account	FY 2014	FY 2015	Biennial Total
FTE			
996-Z Other	8.5	8.5	8.5
001 General Fund			
001-1 State	\$104,756,000	\$104,754,000	\$209,510,000
001-C Medicaid Federal	\$431,000	\$428,000	\$859,000
001 Account Total	\$105,187,000	\$105,182,000	\$210,369,000

Statewide Result Area: Improve the health of Washingtonians
Statewide Strategy: Provide access to health care

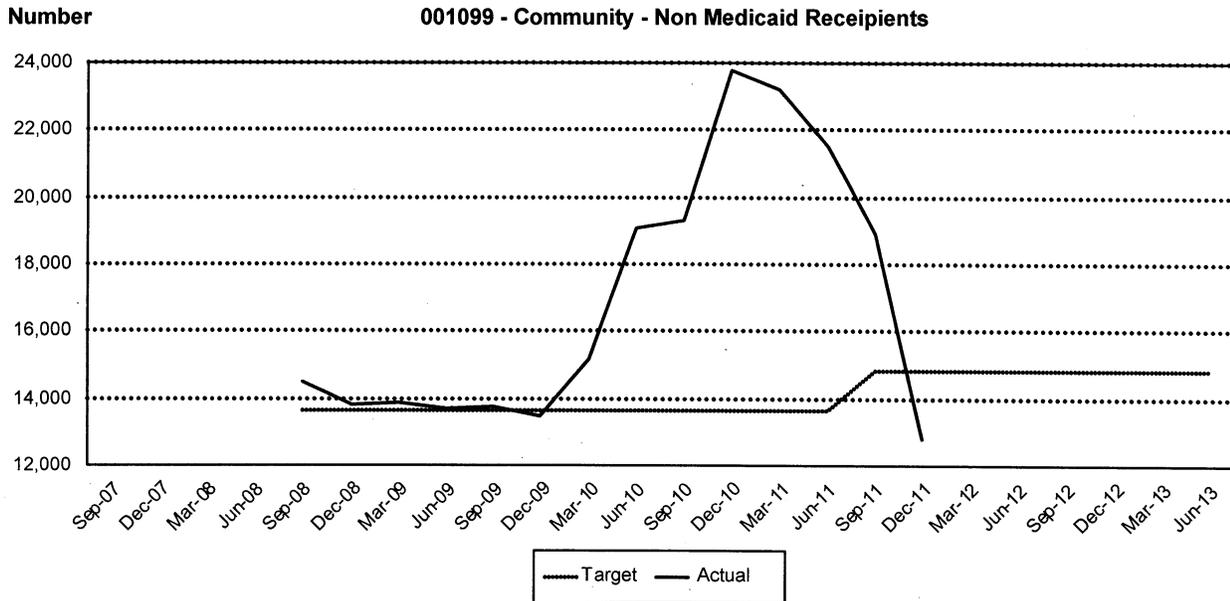
Expected Results

Provide and ensure quality and cost-effective mental health services that support the health and well-being of individuals, families and communities in Washington State.

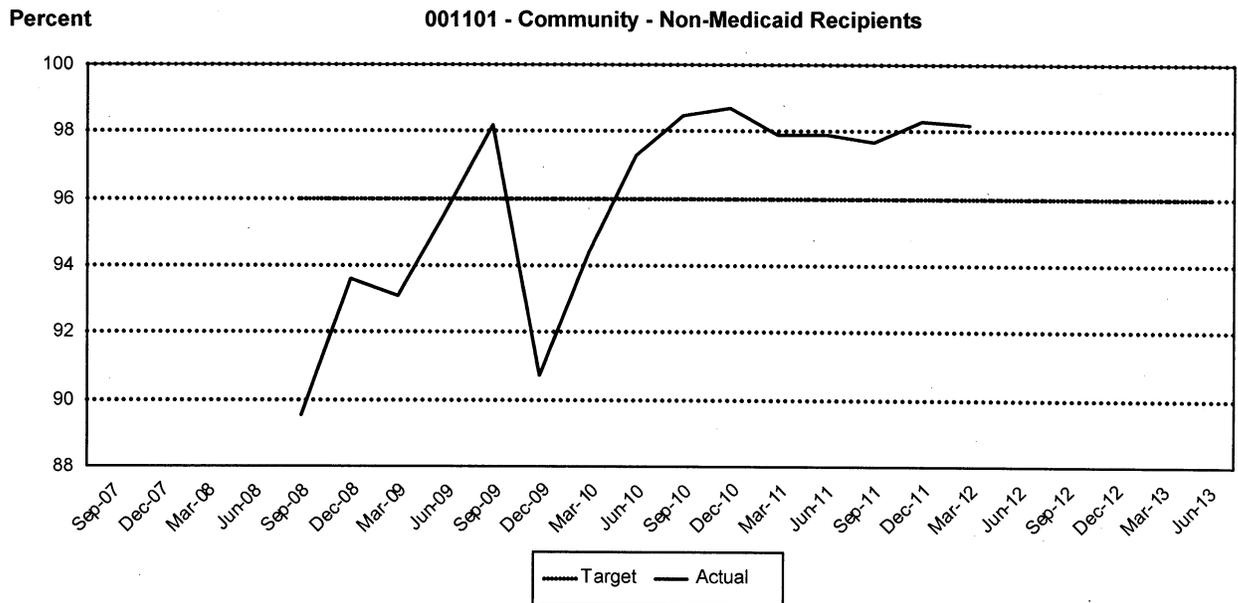
Appropriation Period: 2013-15 Activity Version: 11 - 2013-15 2-YR Agency Req Program:030 Sort By: Activity

001099 The number of non-Medicaid individuals who receive outpatient services from the Regional Support Networks.			
Biennium	Period	Actual	Target
2011-13	Q8		14,842
	Q7		14,842
	Q6		14,842
	Q5		14,842
	Q4		14,842
	Q3		14,842
	Q2	12,797	14,842
	Q1	18,885	14,842
2009-11	Q8	21,529	13,636
	Q7	23,209	13,636
	Q6	23,763	13,634
	Q5	19,323	13,634
	Q4	19,094	13,634
	Q3	15,167	13,634
	Q2	13,491	13,634
	Q1	13,768	13,634

Performance Measure Status: Draft



001101 The percentage of involuntary treatment detentions done in community hospitals or Evaluation and Treatment Centers rather than state hospitals.			
Biennium	Period	Actual	Target
2011-13	Q8		96%
	Q7		96%
	Q6		96%
	Q5		96%
	Q4		96%
	Q3	98.2%	96%
	Q2	98.3%	96%
	Q1	97.7%	96%
2009-11	Q8	97.9%	96%
	Q7	97.9%	96%
	Q6	98.7%	96%
	Q5	98.5%	96%
	Q4	97.3%	96%
	Q3	94.4%	96%
	Q2	90.7%	96%
	Q1	98.2%	96%
Performance Measure Status: Draft			



C063 Mental Health Facilities Services

Appropriation Period: 2013-15 Activity Version: 11 - 2013-15 2-YR Agency Req Program:030 Sort By: Activity

State psychiatric hospitals include Eastern and Western State and the Child Study and Treatment Center. Services include inpatient psychiatric services for acutely and chronically mentally ill persons, mentally ill legal offenders, geriatric patients and inpatient psychiatric services for severely mentally ill children and adolescents.

Program 030 - Mental Health

Account	FY 2014	FY 2015	Biennial Total
FTE			
996-Z Other	2,584.0	2,594.0	2,589.0
001 General Fund			
001-1 State	\$131,778,000	\$127,830,000	\$259,608,000
001-7 Private/Local	\$30,992,000	\$31,363,000	\$62,355,000
001-C Medicaid Federal	\$75,490,000	\$76,149,000	\$151,639,000
001 Account Total	\$238,260,000	\$235,342,000	\$473,602,000

Statewide Result Area: Improve the security of Washington’s vulnerable children and adults

Statewide Strategy: Provide institutional-based services

Expected Results

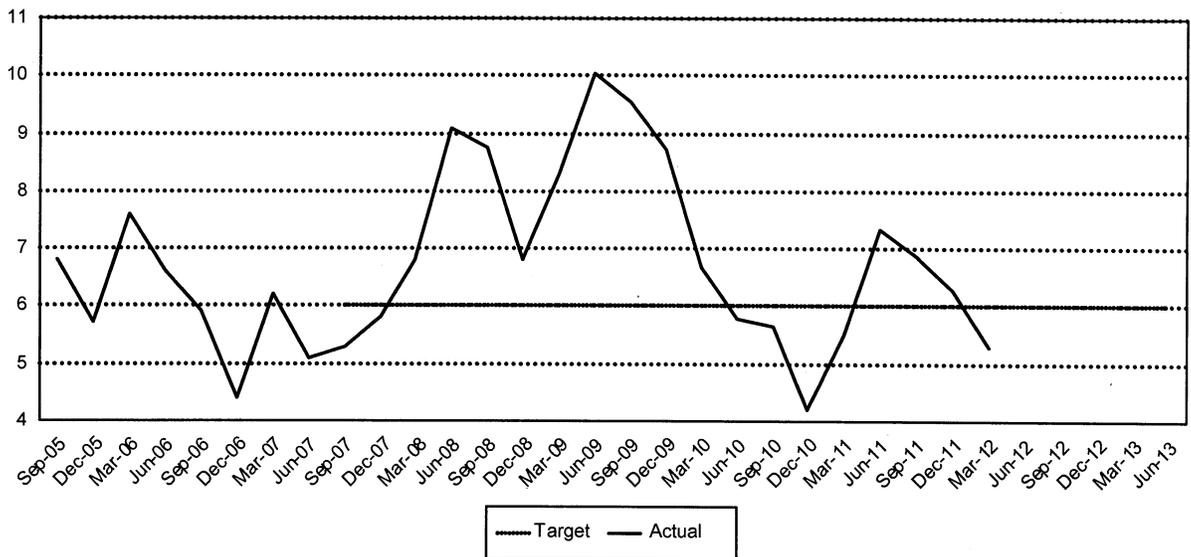
Provide and ensure quality and cost-effective inpatient psychiatric services that support the health and well-being of adults and children in Washington State.

001068 Restraint incidents per 1,000 client bed days at the state psychiatric hospitals.			
Biennium	Period	Actual	Target
2011-13	Q8		6%
	Q7		6%
	Q6		6%
	Q5		6%
	Q4		6%
	Q3	5.29%	6%
	Q2	6.29%	6%
	Q1	6.87%	6%
2009-11	Q8	7.35%	6%
	Q7	5.47%	6%
	Q6	4.18%	6%
	Q5	5.65%	6%
	Q4	5.77%	6%
	Q3	6.68%	6%
	Q2	8.72%	6%
	Q1	9.55%	6%

Performance Measure Status: Approved

Percent

001068 - Number of restraints incidents per 1,000 patient days



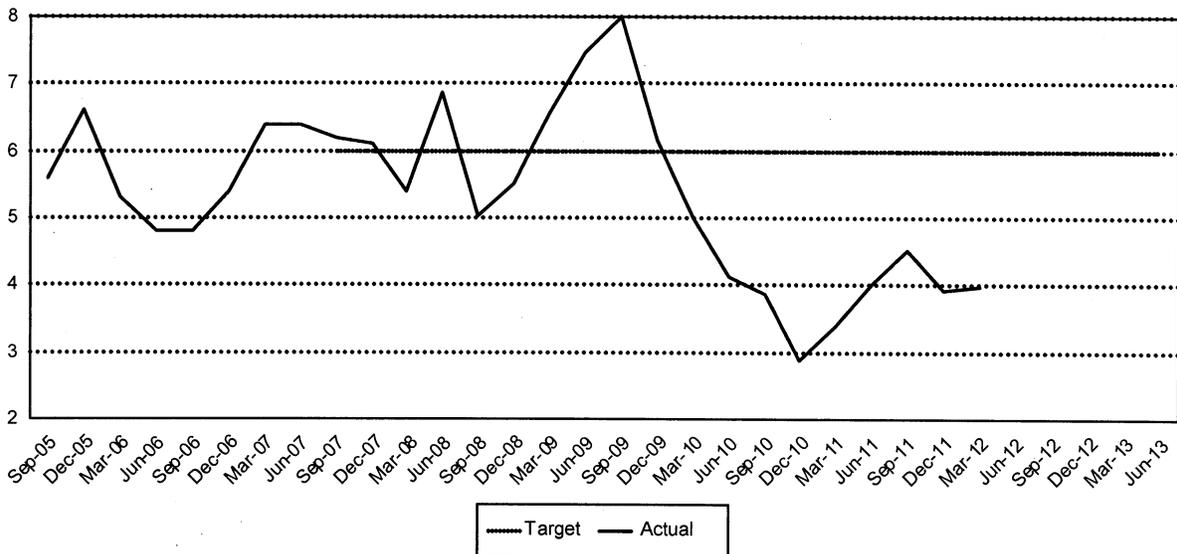
Appropriation Period: 2013-15 Activity Version: 11 - 2013-15 2-YR Agency Req Program:030 Sort By: Activity

001065 Seclusion incidents per 1,000 client bed days at the state psychiatric hospitals.			
Biennium	Period	Actual	Target
2011-13	Q8		6%
	Q7		6%
	Q6		6%
	Q5		6%
	Q4		6%
	Q3	3.99%	6%
	Q2	3.92%	6%
	Q1	4.51%	6%
2009-11	Q8	4.01%	6%
	Q7	3.38%	6%
	Q6	2.87%	6%
	Q5	3.87%	6%
	Q4	4.13%	6%
	Q3	4.99%	6%
	Q2	6.16%	6%
	Q1	7.99%	6%

Performance Measure Status: Approved

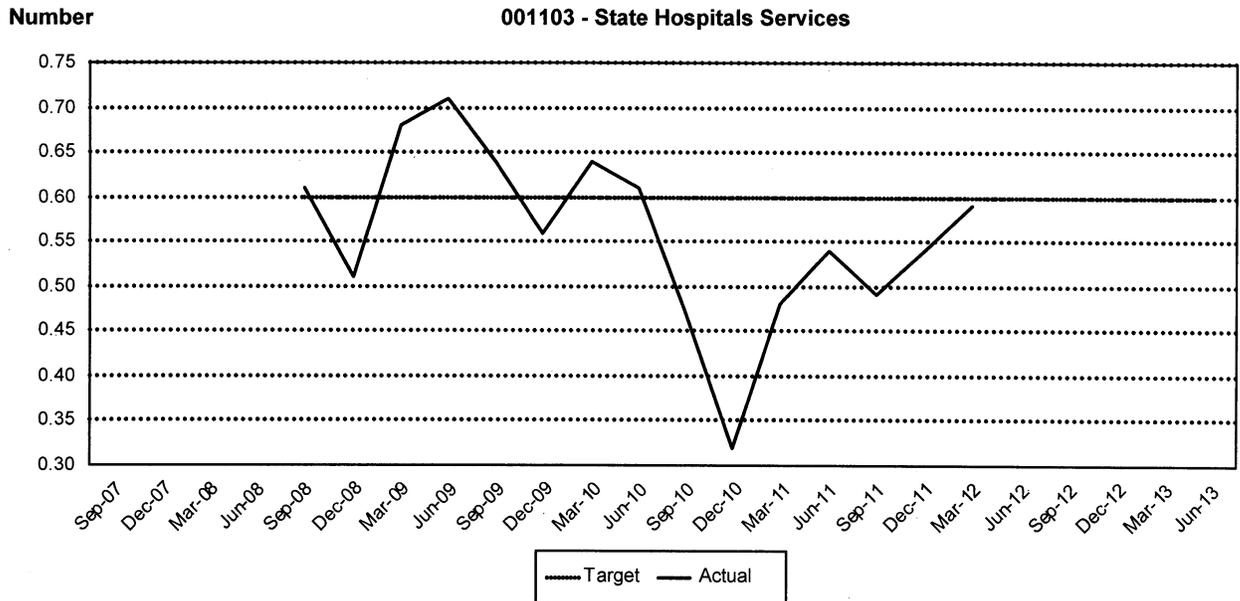
Percent

001065 - Number of seclusion incidents per 1,000 patient days



001103 Labor and Industries assault claims filed per 1,000 client bed days at the state psychiatric hospitals.			
Biennium	Period	Actual	Target
2011-13	Q8		0.6
	Q7		0.6
	Q6		0.6
	Q5		0.6
	Q4		0.6
	Q3	0.59	0.6
	Q2	0.54	0.6
	Q1	0.49	0.6
2009-11	Q8	0.54	0.6
	Q7	0.48	0.6
	Q6	0.32	0.6
	Q5	0.47	0.6
	Q4	0.61	0.6
	Q3	0.64	0.6
	Q2	0.56	0.6
	Q1	0.64	0.6

Performance Measure Status: Approved



C069 Other Community Mental Health Services

Appropriation Period: 2013-15 Activity Version: 11 - 2013-15 2-YR Agency Req Program:030 Sort By: Activity

The Mental Health Block Grant provides funds for activities such as the Mental Health Planning and Advisory Council, training, education, and support services to consumers, mental health professionals, and advocates. Funding supports the Program for Assertive Community Treatment (PACT) teams, Spokane Acute Care Diversion, Long-Term Involuntary Treatment Act (ITA), and the Program for Active Living Skills (PALS).

Program 030 - Mental Health

Account	FY 2014	FY 2015	Biennial Total
FTE			
996-Z Other	2.9	2.9	2.9
001 General Fund			
001-1 State	\$13,249,000	\$13,707,000	\$26,956,000
001-2 Federal	\$8,520,000	\$8,520,000	\$17,040,000
001-C Medicaid Federal	\$159,000	\$158,000	\$317,000
001 Account Total	\$21,928,000	\$22,385,000	\$44,313,000

Statewide Result Area: Improve the security of Washington’s vulnerable children and adults

Statewide Strategy: Provide community-based residential and in-home services

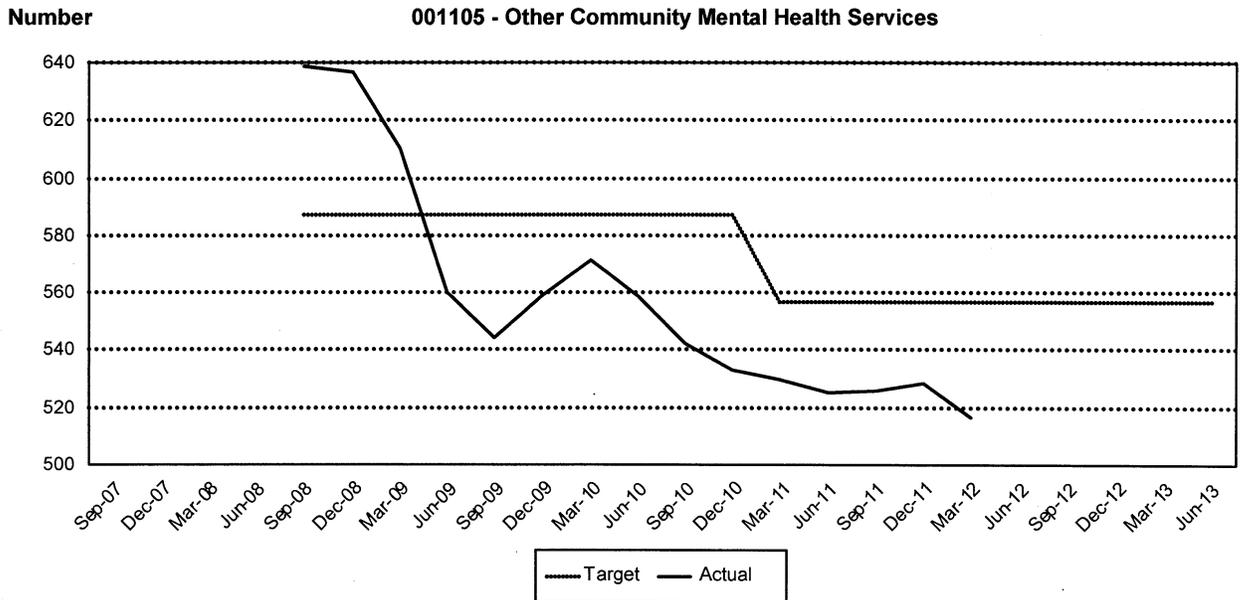
Expected Results

Provide and ensure quality and cost-effective mental health services that support the health and well-being of individuals, families and communities in Washington State.

Appropriation Period: 2013-15 Activity Version: 11 - 2013-15 2-YR Agency Req Program:030 Sort By: Activity

001105 Western Washington Regional Support Networks average daily utilization of state hospital civil beds.			
Biennium	Period	Actual	Target
2011-13	Q8		557
	Q7		557
	Q6		557
	Q5		557
	Q4		557
	Q3	516.57	557
	Q2	528.3	557
	Q1	525.85	557
2009-11	Q8	524.87	557
	Q7	530.02	557
	Q6	532.8	587
	Q5	542.09	587
	Q4	558.93	587
	Q3	571.36	587
	Q2	558.5	587
	Q1	544.07	587

Performance Measure Status: Approved



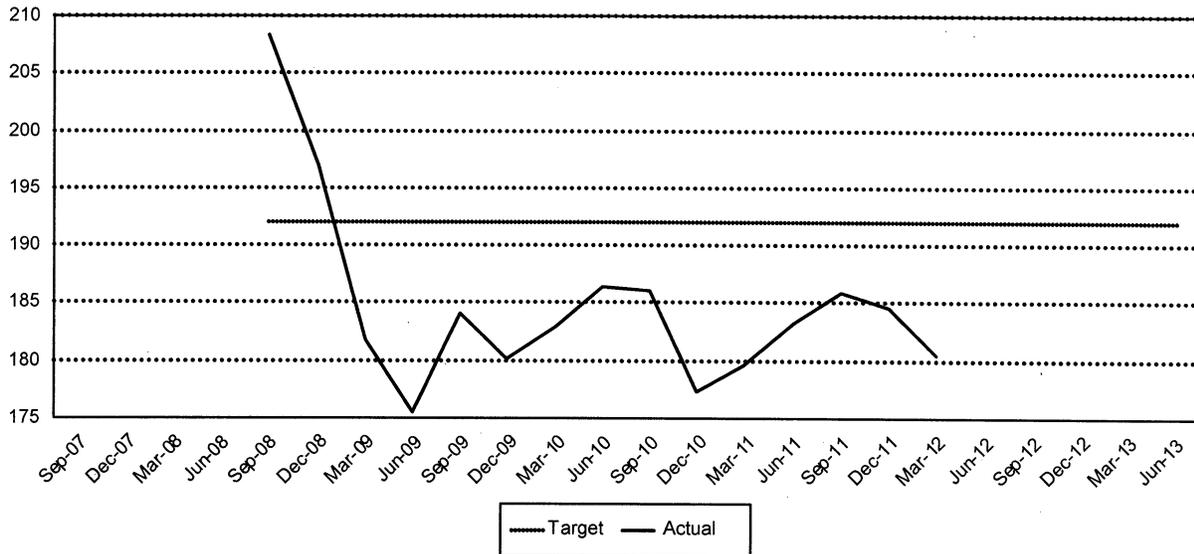
Appropriation Period: 2013-15 Activity Version: 11 - 2013-15 2-YR Agency Req Program:030 Sort By: Activity

001107 Eastern Washington Regional Support Networks average daily utilization of state hospital civil beds.			
Biennium	Period	Actual	Target
2011-13	Q8		192
	Q7		192
	Q6		192
	Q5		192
	Q4		192
	Q3	180.36	192
	Q2	184.62	192
	Q1	185.93	192
2009-11	Q8	183.21	192
	Q7	179.59	192
	Q6	177.37	192
	Q5	186	192
	Q4	186.35	192
	Q3	182.96	192
	Q2	180.05	192
	Q1	184.05	192

Performance Measure Status: Approved

Number

001107 - Other Community Mental Health Services



C070 Mental Health Services - Children's Long-term Treatment Programs (CLIP)

Appropriation Period: 2013-15 Activity Version: 11 - 2013-15 2-YR Agency Req Program:030 Sort By: Activity

The Children's Long-term Inpatient Program (CLIP) facilities provide critical inpatient services to children less than 18 years of age with severe psychiatric impairment who require intensive services in a restrictive setting. Tamarack Center (Spokane), Pearl Street Center (Tacoma), and McGraw Center (Seattle) are non-profit CLIP facilities. The Child Study and Treatment Center (Tacoma) is considered a CLIP facility.

Program 030 - Mental Health

Account	FY 2014	FY 2015	Biennial Total
FTE			
996-Z Other	1.0	1.0	1.0
001 General Fund			
001-1 State	\$4,085,000	\$4,085,000	\$8,170,000
001-C Medicaid Federal	\$2,738,000	\$3,198,000	\$5,936,000
001 Account Total	\$6,823,000	\$7,283,000	\$14,106,000

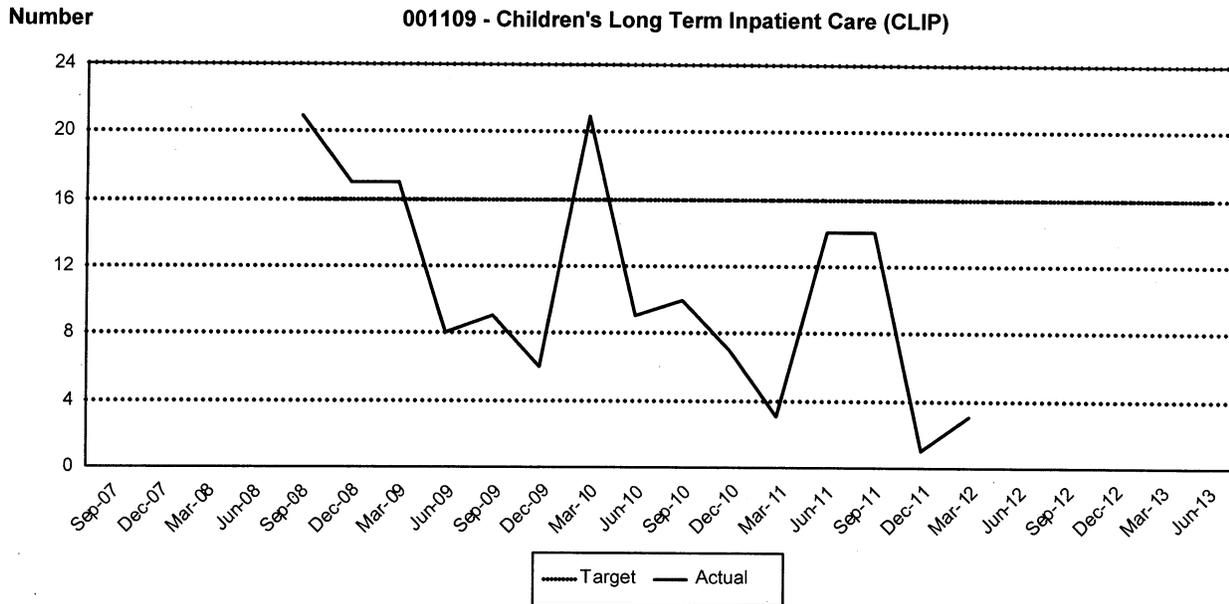
Statewide Result Area: Improve the security of Washington's vulnerable children and adults

Statewide Strategy: Provide institutional-based services

Expected Results

Provide and ensure critical inpatient mental health services that support the health and well-being of children younger than 18 years of age in Washington State.

001109 The number of children waiting more than 30 days for admission to long-term inpatient care.			
Biennium	Period	Actual	Target
2011-13	Q8		16
	Q7		16
	Q6		16
	Q5		16
	Q4		16
	Q3	3	16
	Q2	1	16
	Q1	14	16
2009-11	Q8	14	16
	Q7	3	16
	Q6	7	16
	Q5	10	16
	Q4	9	16
	Q3	21	16
	Q2	6	16
	Q1	9	16
Performance Measure Status: Approved			



C072 Mental Health Services - Dangerously Mentally Ill Offender Program (DMIO)

The Offender Reentry Community Services Program (ORCSP) improves public safety and provides mental health treatment to dangerous mentally ill and chemically dependent mentally ill offenders scheduled to be released from state prisons. Community care planning teams are co-led by the local regional support network (RSN) and Department of Corrections (DOC) representatives and include substance abuse treatment providers and others as needed to develop engagement and transition plans for each ORCSP participant.

Program 030 - Mental Health

Account	FY 2014	FY 2015	Biennial Total
FTE			
996-Z Other	1.0	1.0	1.0
001 General Fund			
001-1 State	\$2,067,000	\$2,068,000	\$4,135,000
001-C Medicaid Federal	\$53,000	\$53,000	\$106,000
001 Account Total	\$2,120,000	\$2,121,000	\$4,241,000

Statewide Result Area: **Improve the safety of people and property**
 Statewide Strategy: **Confine and rehabilitate offenders**

Expected Results

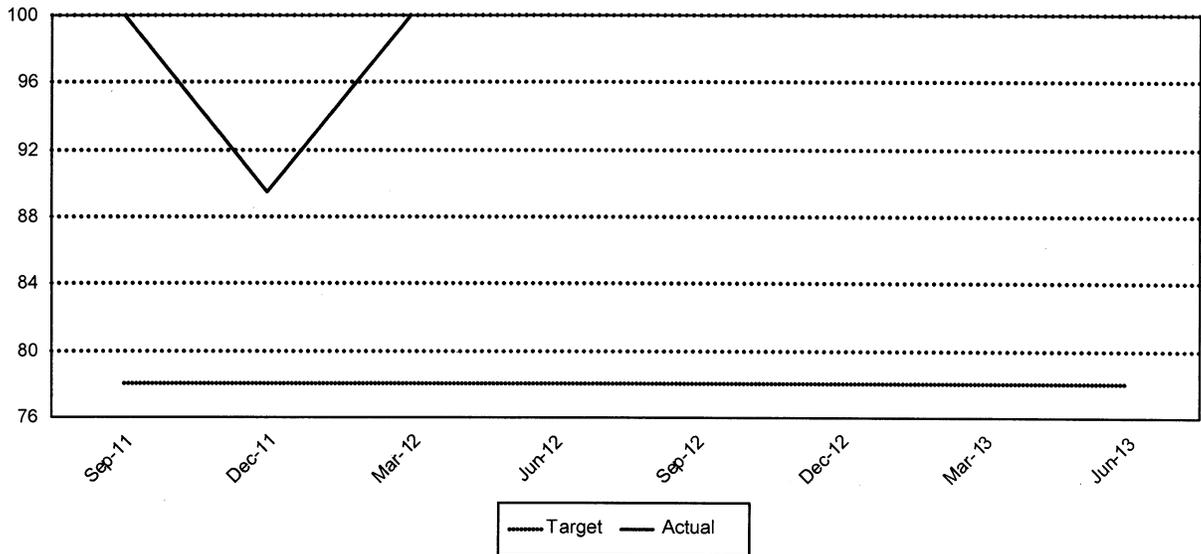
Provide and ensure quality and cost-effective mental health services that support the health and well-being of individuals transitioning from prisons into the community.

002021 The Offender Re-Entry Community Safety Program (ORCSP) helps criminal offenders in confinement to transition to the community following release from DOC custody. Services delivered target the long-term needs of the client with a mental health disorder.

Biennium	Period	Actual	Target
2011-13	Q8		78%
	Q7		78%
	Q6		78%
	Q5		78%
	Q4		78%
	Q3	100%	78%
	Q2	89.5%	78%
	Q1	100%	78%

Performance Measure Status: Draft

Percent 002021 - Percentage of individuals receiving pre-release engagement services



C073 Mental Health Services to Jails - Facilitating Access Services

Mental Health services are provided to offenders with mental health disorders while they are confined in county or city jails. Mental Health works in conjunction with Economic Services Administration to facilitate the reinstatement of Medicaid-eligible mental health services for offenders who are released from confinement.

Appropriation Period: 2013-15 Activity Version: 11 - 2013-15 2-YR Agency Req Program:030 Sort By: Activity

Program 030 - Mental Health

Account	FY 2014	FY 2015	Biennial Total
FTE			
996-Z Other	1.0	1.0	1.0
001 General Fund			
001-1 State	\$4,635,000	\$4,636,000	\$9,271,000
001-C Medicaid Federal	\$50,000	\$50,000	\$100,000
001 Account Total	\$4,685,000	\$4,686,000	\$9,371,000

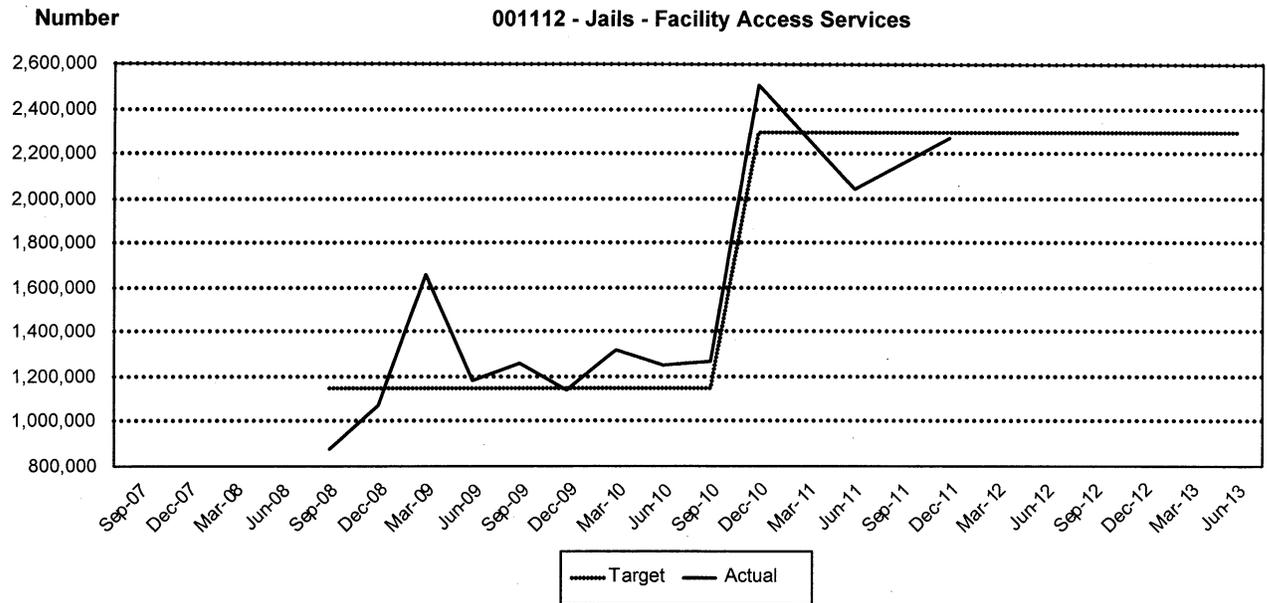
Statewide Result Area: **Improve the health of Washingtonians**
 Statewide Strategy: **Provide access to health care**

Expected Results

Provide and ensure quality and cost-effective mental health services that support the health and well-being of individuals who are confined in county or city jail and to those who are being released from confinement.

001112 Funds spent to transition individuals from jails to community settings.			
Biennium	Period	Actual	Target
2011-13	Q8		2,291,000
	Q7		
	Q6		2,291,000
	Q5		
	Q4		2,291,000
	Q3		
	Q2	2,265,007	2,291,000
	Q1		
2009-11	Q8	2,043,482	2,291,000
	Q7		
	Q6	2,510,485	2,291,000
	Q5	1,266,950	1,145,000
	Q4	1,253,122	1,145,000
	Q3	1,319,497	1,145,000
	Q2	1,137,750	1,145,000
	Q1	1,261,896	1,145,000
Performance Measure Status: Draft			

Appropriation Period: 2013-15 Activity Version: 11 - 2013-15 2-YR Agency Req Program:030 Sort By: Activity



C093 Special Projects - Mental Health

Provides children’s evidence-based mental health services including contracting with the University of Washington’s evidence-based practice institute which supports the identification, evaluation, and implementation of evidence-based or promising practices of serving children and youth with mental health disorders.

Program 030 - Mental Health

Account	FY 2014	FY 2015	Biennial Total
FTE			
996-Z Other	5.6	5.6	5.6
001 General Fund			
001-1 State	\$1,851,000	\$1,866,000	\$3,717,000
001-2 Federal	\$2,054,000	\$2,054,000	\$4,108,000
001-C Medicaid Federal	\$320,000	\$332,000	\$652,000
001 Account Total	\$4,225,000	\$4,252,000	\$8,477,000

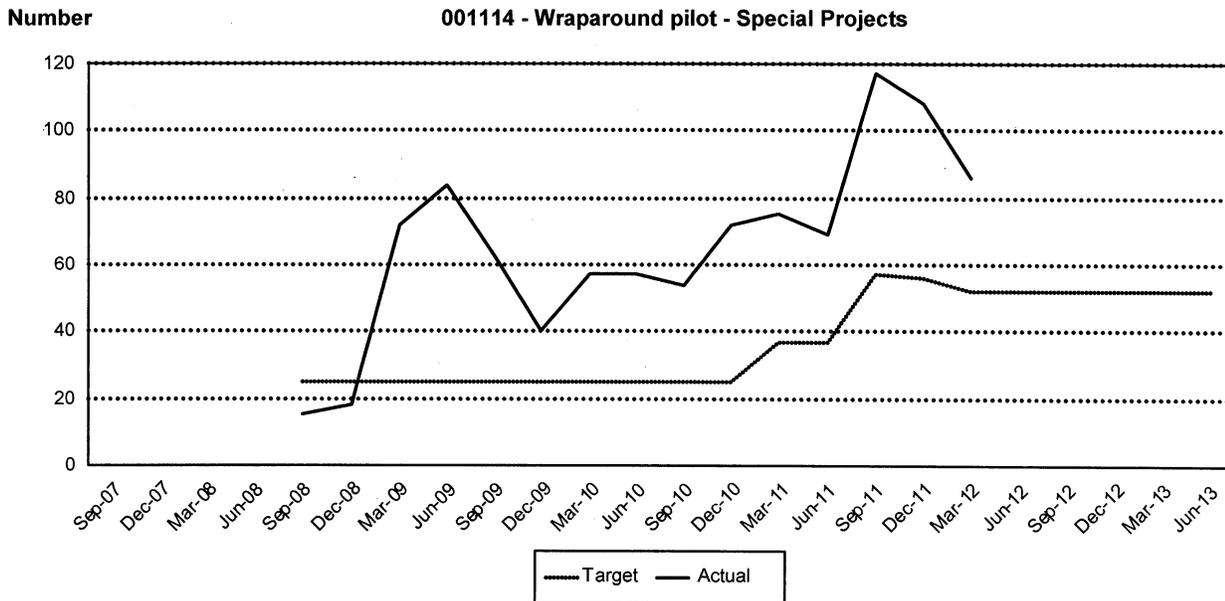
Statewide Result Area: **Improve the health of Washingtonians**
 Statewide Strategy: **Provide access to health care**

Expected Results

Provide and ensure quality and cost-effective mental health services that support the health and well-being of children and families in Washington State.

001114 Number of children receiving services in the Wraparound pilots.			
Biennium	Period	Actual	Target
2011-13	Q8		52
	Q7		52
	Q6		52
	Q5		52
	Q4		52
	Q3	86	52
	Q2	108	56
	Q1	117	57
2009-11	Q8	69	37
	Q7	75	37
	Q6	72	25
	Q5	54	25
	Q4	57	25
	Q3	57	25
	Q2	40	25
	Q1	63	25

Performance Measure Status: Approved



C900 Program Support - Mental Health

Program Support provides administrative and technical support for all programs within Mental Health including policy development, fiscal planning, information services, and legislative and regional coordination.

Program 030 - Mental Health

Account	FY 2014	FY 2015	Biennial Total
FTE			
996-Z Other	31.4	30.4	30.9
001 General Fund			
001-1 State	\$2,605,000	\$2,398,000	\$5,003,000
001-7 Private/Local	\$223,000	\$223,000	\$446,000
001-C Medicaid Federal	\$1,819,000	\$1,479,000	\$3,298,000
001 Account Total	\$4,647,000	\$4,100,000	\$8,747,000

Statewide Result Area: **Improve the health of Washingtonians**

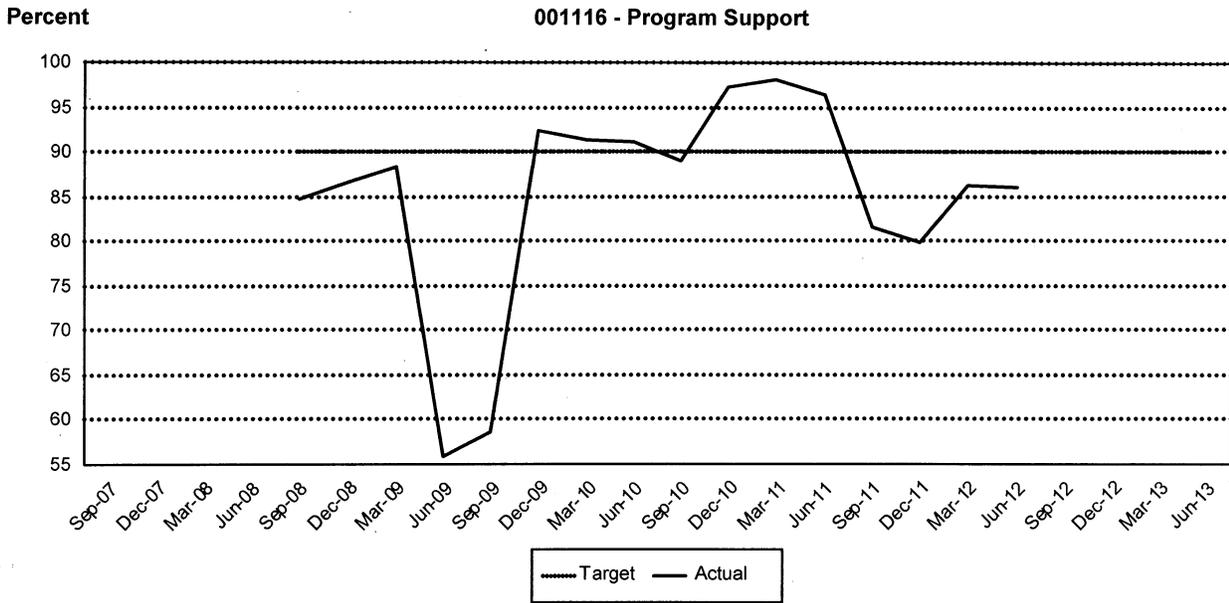
Statewide Strategy: **Provide access to health care**

Expected Results

Account for its use of public dollars.

001116 Percentage of contracts with completed risk assessments and monitoring plans.			
Biennium	Period	Actual	Target
2011-13	Q8		90%
	Q7		90%
	Q6		90%
	Q5		90%
	Q4	85.9%	90%
	Q3	86.1%	90%
	Q2	79.9%	90%
	Q1	81.6%	90%
2009-11	Q8	96.3%	90%
	Q7	98.1%	90%
	Q6	97.2%	90%
	Q5	88.9%	90%
	Q4	91.1%	90%
	Q3	91.2%	90%
	Q2	92.3%	90%
	Q1	58.5%	90%
Performance Measure Status: Approved			

Appropriation Period: 2013-15 Activity Version: 11 - 2013-15 2-YR Agency Req Program:030 Sort By: Activity



Grand Total

	FY 2014	FY 2015	Biennial Total
FTE's	2,652.4	2,661.4	2,656.9
GFS	\$472,163,000	\$479,402,000	\$951,565,000
Other	\$361,119,000	\$369,447,000	\$730,566,000
Total	\$833,282,000	\$848,849,000	\$1,682,131,000

**Agency Performance Measure
Incremental Estimates for the Biennial Budget**

Agency: 300 Dept of Social and Health Services Budget Period: 2013-15

Activity: C017 Community Mental Health Prepaid Health Services

030	M1	93	Mandatory Caseload Adjustments	No measures linked to decision package
030	M2	9H	FMAP Match Adjustment	No measures linked to decision package
030	M2	EN	ACA-Mandatory Provider Revalidation	No measures linked to decision package
030	M2	EP	Fiscal Employer Agent	No measures linked to decision package
030	M2	FK	ACA - Health Care Reform Implement	No measures linked to decision package
030	M2	WB	Federal Funds Technical Adjustment	No measures linked to decision package
030	PL	EQ	ACA - Dual Eligible Clients	No measures linked to decision package
030	PL	ER	ACA - Health Care Reform Expansion	No measures linked to decision package

Outcome Measures 001095 The percentage of consumers who are seen in the Mental Health system within seven days following discharge from inpatient services.

				<u>FY 2014</u>	<u>FY 2015</u>
030	M2	CT	ITA - 2SHB 3076 Laws of 2010	0.00%	0.00%

Activity: C018 Mental Health Services - Non-Medicaid Recipients

030	M2	EP	Fiscal Employer Agent	No measures linked to decision package
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Activity: C063 Mental Health Facilities Services

030	M2	8P	Postage Rate Adjustments	No measures linked to decision package
030	M2	9H	FMAP Match Adjustment	No measures linked to decision package
030	M2	9T	Transfers	No measures linked to decision package
030	M2	CN	ACA Impact to DSH Funding	No measures linked to decision package
030	M2	CP	PC Replacement	No measures linked to decision package
030	M2	CW	Essential Equipment	No measures linked to decision package
030	M2	FK	ACA - Health Care Reform Implement	No measures linked to decision package
030	PL	EQ	ACA - Dual Eligible Clients	No measures linked to decision package
030	PL	ER	ACA - Health Care Reform Expansion	No measures linked to decision package
030	PL	PX	Upgrade Network Capacity	No measures linked to decision package
030	PL	PY	Support Wi-Fi in Offices	No measures linked to decision package

Outcome Measures 001103 Labor and Industries assault claims filed per 1,000 client bed days at the state psychiatric hospitals.

				<u>FY 2014</u>	<u>FY 2015</u>
030	M2	CZ	Hospital Revenue Adjustment	0.00	0.00
030	PL	CQ	WSH Consultative Treatment Team	0.00	0.00
030	PL	CR	MH High-Profile Patient	0.00	0.00
030	PL	CV	Electronic Medical Record ICD-10	0.00	0.00

**Agency Performance Measure
Incremental Estimates for the Biennial Budget**

Agency: 300 Dept of Social and Health Services Budget Period: 2013-15

Activity: C069 Other Community Mental Health Services

030	M2	CX	Restore Funding for ITA & ORCSP	No measures linked to decision package
030	PL	FP	Federal Sequester	No measures linked to decision package

Activity: C073 Mental Health Services to Jails - Facilitating Access Services

030	M2	CX	Restore Funding for ITA & ORCSP	No measures linked to decision package
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Activity: C900 Program Support - Mental Health

030	M2	8L	Lease Rate Adjustments	No measures linked to decision package
030	M2	9T	Transfers	No measures linked to decision package
030	M2	CU	MH Firearm Background Checks	No measures linked to decision package
030	M2	KY	Transfer between DSHS and HCA	No measures linked to decision package
030	PL	PX	Upgrade Network Capacity	No measures linked to decision package
030	PL	PY	Support Wi-Fi in Offices	No measures linked to decision package

Activity Inventory Indirect Cost Allocation Approach

Agency 300 - DSHS

Program 030 - Mental Health (MH)

Allocation Method Description:

Indirect costs are allocated by the number of Headquarter
FTEs dedicated to each activity.

		% Allocation Received	Dollars Allocated FY1	Dollars Allocated FY2	Total Allocated
C017	Community MH Prepaid Health Svcs.	20.17%	1,717,000	1,707,000	3,424,000
C018	Non-Medicaid Services	10.30%	876,000	872,000	1,748,000
C063	MH Facilities Services	2.87%	224,000	264,000	488,000
C069	Other Community MH Services	3.81%	324,000	323,000	647,000
C070	CLIP	1.27%	107,000	108,000	215,000
C072	ORCSP	1.29%	109,000	110,000	219,000
C073	Jail - Facilitating Access Services	1.22%	103,000	104,000	207,000
C093	Special Projects	5.74%	474,000	500,000	974,000
C900	Program Support	53.34%	4,793,000	4,263,000	9,056,000
Total		100.00%	\$ 8,727,000	\$ 8,251,000	\$ 16,978,000

Expenditure Detail By Program

Budget Recommendation Summary

DSHS Budget Division

Recommendation Summary

Version: C1 - 030 2013-15 2-YR Agency Req

Budget Period:2013-15
Budget Level Criteria: ALL

Dollars in Thousands		Agency Priority	Annual Avg FTEs	General Fund State	Other Funds	Total Funds
CB - Current Biennium						
00	Current Biennium Base	0	2,643.3	880,826	706,205	1,587,031
SubTotal CB			2,643.3	880,826	706,205	1,587,031
Cumulative Total Thru CB			2,643.3	880,826	706,205	1,587,031
CL - Carry Forward Level						
YX	Non Supporting Revenue	0	0.0	0	0	0
ZE	Carry Forward Adjustments	0	(17.4)	13,264	9,208	22,472
ZF	CFL Corrections	0	0.0	(9)	(1)	(10)
SubTotal CL			(17.4)	13,255	9,207	22,462
Cumulative Total Thru CL			2,626.0	894,081	715,412	1,609,493
M1 - Mandatory Caseload and Enrollment Changes						
93	Mandatory Caseload Adjustments	0	0.0	22,512	22,512	45,024
SubTotal M1			0.0	22,512	22,512	45,024
Cumulative Total Thru M1			2,626.0	916,593	737,924	1,654,517
M2 - Inflation and Other Rate Changes						
8L	Lease Rate Adjustments	0	0.0	(43)	(13)	(56)
8P	Postage Rate Adjustments	0	0.0	6	0	6
9H	FMAP Match Adjustment	0	0.0	0	0	0
9T	Transfers	0	(4.0)	591	(79)	512
CN	ACA Impact to DSH Funding	0	0.0	0	0	0
CP	PC Replacement	0	0.0	231	0	231
CT	ITA - 2SHB 3076 Laws of 2010	0	20.5	7,520	3,698	11,218
CU	MH Firearm Background Checks	0	2.0	185	100	285
CW	Essential Equipment	0	0.0	1,303	0	1,303
CX	Restore Funding for ITA & ORCSP	0	0.0	3,226	0	3,226
CZ	Hospital Revenue Adjustment	0	0.0	11,368	(11,368)	0
EN	ACA-Mandatory Provider Revalidation	0	0.0	0	0	0
EP	Fiscal Employer Agent	0	0.0	0	0	0
FK	ACA - Health Care Reform Implement	0	0.0	0	0	0
KY	Transfer between DSHS and HCA	0	(2.0)	(184)	(184)	(368)
WB	Federal Funds Technical Adjustment	0	0.0	0	0	0
SubTotal M2			16.5	24,203	(7,846)	16,357
Cumulative Total Thru M2			2,642.4	940,796	730,078	1,670,874
PL - Performance Level						
CQ	WSH Consultative Treatment Team	0	5.0	1,178	21	1,199
CR	MH High-Profile Patient	0	9.5	1,409	0	1,409
CV	Electronic Medical Record ICD-10	0	0.0	8,033	467	8,500
EQ	ACA - Dual Eligible Clients	0	0.0	0	0	0
ER	ACA - Health Care Reform Expansion	0	0.0	0	0	0
FP	Federal Sequester	0	0.0	0	0	0
PX	Upgrade Network Capacity	0	0.0	68	0	68
PY	Support Wi-Fi in Offices	0	0.0	81	0	81
SubTotal PL			14.5	10,769	488	11,257
Cumulative Total Thru PL			2,656.9	951,565	730,566	1,682,131

Recommendation Summary

Version: C1 - 030 2013-15 2-YR Agency Req

Budget Period: 2013-15
Budget Level Criteria: ALL

Dollars in Thousands	Agency Priority	Annual Avg FTEs	General Fund State	Other Funds	Total Funds
Total Proposed Budget		2,656.9	951,565	730,566	1,682,131

Recommendation Summary Text

8L - Lease Rate Adjustments

Program: 030

(M2) The Department of Social and Health Services (DSHS) requests a reduction of (\$6,050,000) Total Funds, (\$3,570,000) GF-State, in the 2013-15 Biennium for the incremental costs of lease changes for offices and client service centers statewide.

8P - Postage Rate Adjustments

Program: 030

(M2) The Department of Social and Health Services (DSHS) requests \$516,000 Total Funds, \$286,000 GF-State, in the 2013-15 Biennium for funding the increase in First-Class Mail postage from \$0.44 to \$0.45 that took effect January 22, 2012.

93 - Mandatory Caseload Adjustments

Program: 030

(M1) The Department of Social and Health Services (DSHS), Aging and Disability Services Administration (ADSA), Division of Behavioral Health and Recovery (DBHR), requests \$45,024,000 Total Funds, \$22,512,000 GF-State, in the 2013-15 Biennium for an adjustment to reflect the changes in the number of Medicaid eligible clients based on the June 2012 Caseload Forecast.

9H - FMAP Match Adjustment

Program: 030

(M2) The Department of Social and Health Services (DSHS) is submitting a placeholder to recognize the adjustment to Federal Medical Assistance Percentage (FMAP) for the 2013-15 Biennial Budget, which will be published in September 2012.

9T - Transfers

Program: 030

(M2) The Department of Social and Health Services (DSHS) requests the shift of FTEs and funding among programs in the 2013-15 Budget. This transfer will align FTEs and funds with the programs where the costs are incurred. The DSHS program combine total equals a net zero impact cost; the fiscal detail section amount below reflects an individual program.

CN - ACA Impact to DSH Funding

Program: 030

(M2) The Department of Social and Health Services (DSHS), Aging and Disability Services Administration (ADSA), Division of Behavioral Health and Recovery (DBHR) requests a placeholder in the 2013-15 Biennium to a reduction in Disproportionate Share Hospital Payments (DSH) funding that will impact the state hospitals as a result of the Affordable Care Act (ACA).

CP - PC Replacement

Program: 030

(M2) The Department of Social and Health Services (DSHS), Aging and Disabilities Services Administration (ADSA), Division of Behavioral Health and Recovery (DBHR), requests \$231,000 GF-State, in the 2013-15 Biennium to replace Information Technology (IT) equipment that is beyond its useful life at Western and Eastern State Hospitals.

CQ - WSH Consultative Treatment Team

Program: 030

(PL) The Department of Social and Health Services (DSHS), Aging and Disability Services Administration (ADSA), Division of Behavioral Health and Recovery (DBHR), requests 5.0 FTEs and \$1,199,000 Total Funds, \$1,178,000 GF-State, in the 2013-15 Biennium for staffing a hospital wide psychiatric consultation and intervention team to co-manage patients with patterns of aggressive or assaultive behavior who do not respond to traditional therapeutic interventions available at Western State Hospital (WSH).

Recommendation Summary

Version: C1 - 030 2013-15 2-YR Agency Req

Budget Period:2013-15
Budget Level Criteria: ALL

Dollars in Thousands	Agency Priority	Annual Avg FTEs	General Fund State	Other Funds	Total Funds
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CR - MH High-Profile Patient

Program: 030

(PL) The Department of Social and Health Services (DSHS), Aging and Disability Services Administration (ADSA), Division of Behavioral Health and Recovery (DBHR) requests 9.5 FTEs and \$1,409,000 GF-State, in the 2013-15 Biennium for 24-hour monitoring of a high-profile patient with a high risk of escape and/or injury to himself or others.

CT - ITA - 2SHB 3076 Laws of 2010

Program: 030

(M2) The Department of Social and Health Services (DSHS), Aging and Disability Services Administration (ADSA), Division of Behavioral Health and Recovery (DBHR), requests 20.5 FTEs and \$11,218,000 Total Funds, \$7,520,000 GF-State, to implement Second Substitute House Bill (2SHB) 3076 passed in the 2010 Legislative Session.

CU - MH Firearm Background Checks

Program: 030

(M2) The Department of Social and Health Services (DSHS), Aging and Disability Services Administration (ADSA), Division of Behavioral Health and Recovery (DBHR) requests 2.0 FTEs and \$285,000 Total Funds, \$185,000 GF-State, in the 2013-15 Biennium to provide timely processing of the estimated 234,000 annual background checks as required by RCW 9.41.070 and RCW 71.05.

CV - Electronic Medical Record ICD-10

Program: 030

(PL) The Department of Social and Health Services (DSHS), Aging and Disability Services Administration (ADSA), requests \$8,500,000 Total Funds, \$8,033,000 GF-State, in the 2013-15 Biennium to plan, procure, and implement the core of a patient centric electronic medical record (EMR) system that is ICD-10 compliant. The World Health Organization's Tenth Revision of the International Classification of Diseases (ICD-10) codes must be implemented by the federally proposed date, October 1, 2014. If an ICD-10 compliant system is not in place, all Medicare, Medicaid, and private insurance billing claims submitted by the agency will be rejected, and revenue recovery claims of \$100 million will be lost.

CW - Essential Equipment

Program: 030

(M2) The Department of Social and Health Services (DSHS) requests \$1,303,000 GF-State in the 2013-15 Biennium for the replacement of equipment that is critical in the support of the health, safety, and security of residents and staff at the department's institutional programs.

CX - Restore Funding for ITA & ORCSP

Program: 030

(M2) The Department of Social and Health Services (DSHS), Aging and Disability Services Administration (ADSA), Division of Behavioral Health and Recovery (DBHR), requests \$3,226,000 GF-State in the 2013-15 Biennium to restore funding for Involuntary Treatment Act (ITA) ancillary services and the Offender Re-entry Community Services Program (ORCSP).

CZ - Hospital Revenue Adjustment

Program: 030

(M2) The Department of Social and Health Services (DSHS), Aging and Disabilities Services Administration (ADSA), Division of Behavioral Health and Recovery (DBHR), requests \$11,368,000 GF-State in the 2013-15 Biennium for an annual adjustment to state hospital revenue for patient contributions including Medicare, private pay and insurance.

EN - ACA-Mandatory Provider Revalidation

Program: 030

(M2) The Department of Social and Health Services (DSHS) is submitting this placeholder request for funds and FTEs to meet new federal requirements as part of the Affordable Care Act (ACA). DSHS is required to revalidate all enrolled providers every five years, complete additional screenings when enrolling new providers, complete site visits during revalidation, and other new requirements.

Recommendation Summary

Budget Period: 2013-15
Budget Level Criteria: ALL

Version: C1 - 030 2013-15 2-YR Agency Req

Dollars in Thousands	Agency Priority	Annual Avg FTEs	General Fund State	Other Funds	Total Funds
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EP - Fiscal Employer Agent

Program: 030

(M2) The Department of Social and Health Services (DSHS) is submitting this placeholder request for operational funding requirements to pay individual providers through a fiscal employer agent. With ProviderOne, all W-2 paid providers will be paid through fiscal employer agent. This change will bring Washington into compliance with Medicaid rules regarding time reporting for W-2 providers and federal financial participation requirements for federal matching funds. This change will improve payment integrity and provide a more flexible payment system for individual providers.

EQ - ACA - Dual Eligible Clients

Program: 030

(PL) The Department of Social and Health Services (DSHS) is submitting this placeholder request to address staffing and program funding adjustments due to implementation of the Health Path Washington proposal for improved programmatic and financial coordination of Medicare and Medicaid services for people who are eligible for both. The Health Path proposal is Washington's response to an opportunity created by the Affordable Care Act (ACA).

ER - ACA - Health Care Reform Expansion

Program: 030

(PL) The Department of Social and Health Services (DSHS) is submitting this placeholder request to address staffing and program funding adjustments due to expansion of Medicaid eligibility to include people incomes that are at 138 percent of the federal poverty level or less, as allowed by the Affordable Care Act (ACA).

FK - ACA - Health Care Reform Implement

Program: 030

(M2) The Department of Social and Health Services (DSHS) is submitting this placeholder request to address staffing and program funding adjustments due to modifications for enrollment and eligibility of low income clients for health care as a result of the implementation of the Affordable Care Act (ACA).

FP - Federal Sequester

Program: 030

(PL) The Department of Social and Health Services (DSHS) requests an increase to GF-State funds and a corresponding decrease in GF-Federal appropriation in anticipation of across-the-board reductions (sequestration) to certain federal awards scheduled to take effect on January 2, 2013.

KY - Transfer between DSHS and HCA

Program: 030

(M2) The Department of Social and Health Services (DSHS) requests a transfer of (8.0) FTEs and (\$836,000) Total Funds, (\$373,000) GF-State, from DSHS to the Health Care Authority (HCA). This would move the remaining FTEs and dollars between DSHS and HCA to complete the Memorandum of Understanding (MOU) between the Medicaid Purchasing Administration (MPA), now HCA and DSHS.

PX - Upgrade Network Capacity

Program: 030

(PL) The Department of Social and Health Services (DSHS) requests \$780,000 Total Funds, \$456,000 GF-State, in the 2013-15 Biennium. This request will fund upgrades to network capacity at approximately 130 of the 200 DSHS remote field locations, upgrading network circuits from T1 to Ethernet to support capacity demands.

PY - Support Wi-Fi in Offices

Program: 030

(PL) The Department of Social and Health Services (DSHS) requests \$925,000 Total Funds, \$542,000 GF-State, in the 2013-2015 Biennium, to provide DSHS field offices with network connections using digital subscriber lines (DSL) for non-critical mission data traffic. It will also fund a pilot for selected DSHS offices for wireless network assessment, design and implementation.

Recommendation Summary

Budget Period: 2013-15
Budget Level Criteria: ALL

Version: C1 - 030 2013-15 2-YR Agency Req

Dollars in Thousands	Agency Priority	Annual Avg FTEs	General Fund State	Other Funds	Total Funds
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WB - Federal Funds Technical Adjustment

Program: 030

(M2) The Department of Social and Health Services (DSHS) requests adjustments between types of federal funds, within the current GF-Federal spending authority, to accurately reflect expected types of federal earnings in the 2013-15 Biennium.

Expenditure Detail By Program

Budget Levels Summary

2013-15 Agency Budget Levels by Program (DSHS B5)

Agency Activity: Blank

With Objects - All

All Fund/Approp Types

Version: C1

	Current Biennium		Carry Forward Level		Maintenance Level		Performance Level	
	Year 1	Year 2	Year 1	Year 2	Year 1	Year 2	Year 1	Year 2

030 2013-15 2-YR Agency Req
Program: 030 - Mental Health

Source of Funds

DSHS Sources for 001-C

001-C 19TA T19 Assist (FMAP)
001-C 19UG T19 Admin (75%)
001-C 19UL T19 Admin (50%)

Total for: 001-C, GnrI Fnd-Medicaid

DSHS Sources for 16W-1

16W-1 16W1 16W-1 GF-HSN

Total for: 16W-1, Hospital-State

Total Source of Funds

Total Objects - Program: 030
Biennial Total Objects - Program: 030

Total Funds - Program: 030
Biennial Total Funds - Program: 030

284,885,000	289,736,000	294,486,000	293,391,000	299,271,000	307,799,000	299,639,000	307,919,000
1,011,000	1,011,000	1,011,000	1,011,000	1,011,000	1,011,000	1,011,000	1,011,000
2,874,000	5,678,000	2,903,000	2,569,000	2,871,000	2,531,000	2,871,000	2,531,000
288,770,000	296,425,000	298,400,000	296,971,000	303,153,000	311,341,000	303,521,000	311,461,000
2,548,000	2,703,000	2,792,000	2,703,000	2,792,000	2,703,000	2,792,000	2,703,000
2,548,000	2,703,000	2,792,000	2,703,000	2,792,000	2,703,000	2,792,000	2,703,000
787,393,000	799,638,000	805,090,000	804,403,000	825,341,000	845,533,000	833,282,000	848,849,000
787,393,000	799,638,000	805,090,000	804,403,000	825,341,000	845,533,000	833,282,000	848,849,000
	1,587,031,000		1,609,493,000		1,670,874,000		1,682,131,000
787,393,000	799,638,000	805,090,000	804,403,000	825,341,000	845,533,000	833,282,000	848,849,000
	1,587,031,000		1,609,493,000		1,670,874,000		1,682,131,000

2013-15 Agency Budget Levels by Program (DSHS B5)

Agency Activity: Blank

Version: C1

With Objects - All

All Fund/Approp Types

	Current Biennium		Carry Forward Level		Maintenance Level		Performance Level	
	Year 1	Year 2	Year 1	Year 2	Year 1	Year 2	Year 1	Year 2
030 2013-15 2-YR Agency Req								
Overall Total Objects	787,393,000	799,638,000	805,090,000	804,403,000	825,341,000	845,533,000	833,282,000	848,849,000
Biennial Overall Total Objects		1,587,031,000		1,609,493,000		1,670,874,000		1,682,131,000
Overall Total Funds	787,393,000	799,638,000	805,090,000	804,403,000	825,341,000	845,533,000	833,282,000	848,849,000
Biennial Overall Total Funds		1,587,031,000		1,609,493,000		1,670,874,000		1,682,131,000

**Section 6 Expenditure
Detail By Category**

Expenditure Detail By Category

Budget Recommendation Summary

State of Washington
Department of Social and Health Services
Recommendation Summary

Budget Period: 2013-15
Budget Level Criteria: ALL

Version: 11 - 2013-15 2-YR Agency Req

Dollars in Thousands	Program Priority	Annual Avg FTEs	General Fund State	Other Funds	Total Funds
Program 030 - Mental Health					
SubProgram -					
CL - Carry Forward Level					
YX	Non Supporting Revenue	0	0.0	0	0
ZE	Carry Forward Adjustments	0	0.0	0	0
ZF	CFL Corrections	0	0.0	0	0
SubTotal CL		0.0	0	0	0
Cumulative Total Thru CL		0.0	0	0	0
M1 - Mandatory Caseload and Enrollment Changes					
93	Mandatory Caseload Adjustments	0	0.0	0	0
SubTotal M1		0.0	0	0	0
Cumulative Total Thru M1		0.0	0	0	0
M2 - Inflation and Other Rate Changes					
8L	Lease Rate Adjustments	0	0.0	0	0
8P	Postage Rate Adjustments	0	0.0	0	0
9H	FMAP Match Adjustment	0	0.0	0	0
9T	Transfers	0	0.0	0	0
CN	ACA Impact to DSH Funding	0	0.0	0	0
CP	PC Replacement	0	0.0	0	0
CW	Essential Equipment	0	0.0	0	0
CX	Restore Funding for ITA & ORCSP	0	0.0	0	0
CZ	Hospital Revenue Adjustment	0	0.0	0	0
EN	ACA-Mandatory Provider Revalidation	0	0.0	0	0
EP	Fiscal Employer Agent	0	0.0	0	0
FK	ACA - Health Care Reform Implement	0	0.0	0	0
WB	Federal Funds Technical Adjustment	0	0.0	0	0
SubTotal M2		0.0	0	0	0
Cumulative Total Thru M2		0.0	0	0	0
PL - Performance Level					
CQ	WSH Consultative Treatment Team	0	0.0	0	0
CR	MH High-Profile Patient	0	0.0	0	0
CV	Electronic Medical Record ICD-10	0	0.0	0	0
EQ	ACA - Dual Eligible Clients	0	0.0	0	0
ER	ACA - Health Care Reform Expansion	0	0.0	0	0
FP	Federal Sequester	0	0.0	0	0
PX	Upgrade Network Capacity	0	0.0	0	0
PY	Support Wi-Fi in Offices	0	0.0	0	0
SubTotal PL		0.0	0	0	0
Cumulative Total Thru PL		0.0	0	0	0
Total Proposed Budget for SubProgram		0.0	0	0	0

Recommendation Summary

Budget Period: 2013-15
Budget Level Criteria: ALL

Version: 11 - 2013-15 2-YR Agency Req

Dollars in Thousands		Program Priority	Annual Avg FTEs	General Fund State	Other Funds	Total Funds
Program 030 - Mental Health						
SubProgram 1000 - Community Services						
CB - Current Biennium						
00	Current Biennium Base	0	0.0	642,053	472,708	1,114,761
SubTotal CB			0.0	642,053	472,708	1,114,761
Cumulative Total Thru CB			0.0	642,053	472,708	1,114,761
CL - Carry Forward Level						
ZE	Carry Forward Adjustments	0	0.0	6,557	7,319	13,876
ZF	CFL Corrections	0	0.0	0	0	0
SubTotal CL			0.0	6,557	7,319	13,876
Cumulative Total Thru CL			0.0	648,610	480,027	1,128,637
M1 - Mandatory Caseload and Enrollment Changes						
93	Mandatory Caseload Adjustments	0	0.0	22,512	22,512	45,024
SubTotal M1			0.0	22,512	22,512	45,024
Cumulative Total Thru M1			0.0	671,122	502,539	1,173,661
M2 - Inflation and Other Rate Changes						
CT	ITA - 2SHB 3076 Laws of 2010	0	0.0	5,677	2,281	7,958
CX	Restore Funding for ITA & ORCSP	0	0.0	3,226	0	3,226
WB	Federal Funds Technical Adjustment	0	0.0	0	0	0
SubTotal M2			0.0	8,903	2,281	11,184
Cumulative Total Thru M2			0.0	680,025	504,820	1,184,845
Total Proposed Budget for SubProgram 1000 - Community Services			0.0	680,025	504,820	1,184,845

Recommendation Summary

Budget Period:2013-15
Budget Level Criteria: ALL

Version: 11 - 2013-15 2-YR Agency Req

Dollars in Thousands		Program Priority	Annual Avg FTEs	General Fund State	Other Funds	Total Funds
Program 030 - Mental Health						
SubProgram 2000 - State Facilities Services						
CB - Current Biennium						
00	Current Biennium Base	0	2,573.4	227,620	220,943	448,563
SubTotal CB			2,573.4	227,620	220,943	448,563
Cumulative Total Thru CB			2,573.4	227,620	220,943	448,563
CL - Carry Forward Level						
ZE	Carry Forward Adjustments	0	(17.4)	5,769	2,395	8,164
ZF	CFL Corrections	0	0.0	(9)	(1)	(10)
SubTotal CL			(17.4)	5,760	2,394	8,154
Cumulative Total Thru CL			2,556.1	233,380	223,337	456,717
M2 - Inflation and Other Rate Changes						
8L	Lease Rate Adjustments	0	0.0	(32)	0	(32)
8P	Postage Rate Adjustments	0	0.0	6	0	6
9T	Transfers	0	(4.0)	540	(106)	434
CP	PC Replacement	0	0.0	231	0	231
CT	ITA - 2SHB 3076 Laws of 2010	0	20.2	1,806	1,397	3,203
CW	Essential Equipment	0	0.0	1,303	0	1,303
CZ	Hospital Revenue Adjustment	0	0.0	11,368	(11,368)	0
SubTotal M2			16.2	15,222	(10,077)	5,145
Cumulative Total Thru M2			2,572.3	248,602	213,260	461,862
PL - Performance Level						
CQ	WSH Consultative Treatment Team	0	5.0	1,178	21	1,199
CR	MH High-Profile Patient	0	9.5	1,409	0	1,409
CV	Electronic Medical Record ICD-10	0	0.0	8,033	467	8,500
PX	Upgrade Network Capacity	0	0.0	66	0	66
PY	Support Wi-Fi in Offices	0	0.0	78	0	78
SubTotal PL			14.5	10,764	488	11,252
Cumulative Total Thru PL			2,586.8	259,366	213,748	473,114
Total Proposed Budget for SubProgram 2000 - State Facilities Services			2,586.8	259,366	213,748	473,114

Recommendation Summary

Budget Period:2013-15
Budget Level Criteria: ALL

Version: 11 - 2013-15 2-YR Agency Req

Dollars in Thousands		Program Priority	Annual Avg FTEs	General Fund State	Other Funds	Total Funds
Program 030 - Mental Health						
SubProgram 8000 - Special Projects & Grants						
CB - Current Biennium						
00	Current Biennium Base	0	0.6	2,424	4,898	7,322
	SubTotal CB		0.6	2,424	4,898	7,322
	Cumulative Total Thru CB		0.6	2,424	4,898	7,322
CL - Carry Forward Level						
ZE	Carry Forward Adjustments	0	0.0	793	(612)	181
	SubTotal CL		0.0	793	(612)	181
	Cumulative Total Thru CL		0.6	3,217	4,286	7,503
Total Proposed Budget for SubProgram 8000 - Special Projects & Grants			0.6	3,217	4,286	7,503

Recommendation Summary

Budget Period:2013-15
Budget Level Criteria: ALL

Version: 11 - 2013-15 2-YR Agency Req

Dollars in Thousands		Program Priority	Annual Avg FTEs	General Fund State	Other Funds	Total Funds
Program 030 - Mental Health						
SubProgram 9000 - Headquarters Prog Support						
CB - Current Biennium						
00	Current Biennium Base	0	69.3	8,729	7,656	16,385
SubTotal CB			69.3	8,729	7,656	16,385
Cumulative Total Thru CB			69.3	8,729	7,656	16,385
CL - Carry Forward Level						
ZE	Carry Forward Adjustments	0	0.0	145	106	251
SubTotal CL			0.0	145	106	251
Cumulative Total Thru CL			69.3	8,874	7,762	16,636
M2 - Inflation and Other Rate Changes						
8L	Lease Rate Adjustments	0	0.0	(11)	(13)	(24)
9T	Transfers	0	0.0	51	27	78
CT	ITA - 2SHB 3076 Laws of 2010	0	0.3	37	20	57
CU	MH Firearm Background Checks	0	2.0	185	100	285
KY	Transfer between DSHS and HCA	0	(2.0)	(184)	(184)	(368)
SubTotal M2			0.3	78	(50)	28
Cumulative Total Thru M2			69.6	8,952	7,712	16,664
PL - Performance Level						
PX	Upgrade Network Capacity	0	0.0	2	0	2
PY	Support Wi-Fi in Offices	0	0.0	3	0	3
SubTotal PL			0.0	5	0	5
Cumulative Total Thru PL			69.6	8,957	7,712	16,669
Total Proposed Budget for SubProgram 9000 - Headquarters Prog Support			69.6	8,957	7,712	16,669

Recommendation Summary

Budget Period: 2013-15
Budget Level Criteria: ALL

Version: 11 - 2013-15 2-YR Agency Req

Dollars in Thousands	Program Priority	Annual Avg FTEs	General Fund State	Other Funds	Total Funds
Program 030 - Mental Health					
Total Proposed Budget for Program 030 - Mental Health		2,656.9	951,565	730,566	1,682,131

Expenditure Detail By Category

Program Expenditure Summary

2013-15 Agency Budget Levels by Program/SubProgram (DSHS B5)

Agency Activity: Blank

With Objects - All

All Fund/Approp Types

Version: 11

Performance Level

2013-15 2-YR Agency Req

Maintenance Level

Program: 030 - Mental Health

Carry Forward Level

SubProgram: 1000 - Community Services

Year 1

Year 2

Objects of Expenditure

N Grants, Benfts Servs	550,590,000	564,171,000	564,465,000	564,172,000	582,914,000	601,931,000	582,914,000	601,931,000	582,914,000	601,931,000
Total Objects of Expenditure	550,590,000	564,171,000	564,465,000	564,172,000	582,914,000	601,931,000	582,914,000	601,931,000	582,914,000	601,931,000

Source of Funds

DSHS Sources for 001-1										
001-1 0011 GF- State	317,734,000	324,319,000	324,290,000	324,320,000	334,321,000	345,704,000	334,321,000	345,704,000	334,321,000	345,704,000
Total for: 001-1, GnrI Fnd-State	317,734,000	324,319,000	324,290,000	324,320,000	334,321,000	345,704,000	334,321,000	345,704,000	334,321,000	345,704,000
DSHS Sources for 001-2										
001-2 767H CHIP (CHIP)	4,085,000	4,191,000	4,085,000	4,191,000	4,085,000	4,191,000	4,085,000	4,191,000	4,085,000	4,191,000
001-2 958B Com MH BG (100%)	8,520,000	8,520,000	8,520,000	8,520,000	8,520,000	8,520,000	8,520,000	8,520,000	8,520,000	8,520,000
001-2 ZZ04 001-2 s/b 001-C 19TA	0	0	104,000	0	0	0	0	0	0	0
Total for: 001-2, GnrI Fnd-Federal	12,605,000	12,711,000	12,709,000	12,711,000	12,605,000	12,711,000	12,605,000	12,711,000	12,605,000	12,711,000

DSHS Sources for 001-7

001-7 5417 Contr & Grnt	8,932,000	8,932,000	8,932,000	8,932,000	8,932,000	8,932,000	8,932,000	8,932,000	8,932,000	8,932,000
Total for: 001-7, GnrI Fnd-Priv-Loc	8,932,000	8,932,000	8,932,000	8,932,000	8,932,000	8,932,000	8,932,000	8,932,000	8,932,000	8,932,000

DSHS Sources for 001-C

001-C 19TA T19 Assist (FMAP)	208,671,000	212,332,000	215,742,000	215,506,000	224,264,000	231,881,000	224,264,000	231,881,000	224,264,000	231,881,000
001-C 19UL T19 Admin (50%)	100,000	3,174,000	0	0	0	0	0	0	0	0
Total for: 001-C, GnrI Fnd-Medicaid	208,771,000	215,506,000	215,742,000	215,506,000	224,264,000	231,881,000	224,264,000	231,881,000	224,264,000	231,881,000

DSHS Sources for 16W-1

16W-1 16W1 16W-1 GF-HSN	2,548,000	2,703,000	2,792,000	2,703,000	2,792,000	2,703,000	2,792,000	2,703,000	2,792,000	2,703,000
Total for: 16W-1, Hospital-State	2,548,000	2,703,000	2,792,000	2,703,000	2,792,000	2,703,000	2,792,000	2,703,000	2,792,000	2,703,000

Total Source of Funds

	550,590,000	564,171,000	564,465,000	564,172,000	582,914,000	601,931,000	582,914,000	601,931,000	582,914,000	601,931,000
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Total Objects - SubProgram: 1000

	550,590,000	564,171,000	564,465,000	564,172,000	582,914,000	601,931,000	582,914,000	601,931,000	582,914,000	601,931,000
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Biennial Total Objects - SubProgram: 1000

	1,114,761,000	1,128,637,000	1,114,761,000	1,128,637,000	1,184,845,000	1,184,845,000	1,184,845,000	1,184,845,000	1,184,845,000	1,184,845,000
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Total Funds - SubProgram: 1000

	550,590,000	564,171,000	564,465,000	564,172,000	582,914,000	601,931,000	582,914,000	601,931,000	582,914,000	601,931,000
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Biennial Total Funds - SubProgram: 1000

	1,114,761,000	1,128,637,000	1,114,761,000	1,128,637,000	1,184,845,000	1,184,845,000	1,184,845,000	1,184,845,000	1,184,845,000	1,184,845,000
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SubProgram: 2000 - State Facilities Services

2013-15 Agency Budget Levels by Program/SubProgram (DSHS B5)

Agency Activity: Blank

With Objects - All

All Fund/Approp Types

Version: 11

2013-15 2-YR Agency Req

Program: 030 - Mental Health

SubProgram: 2000 - State Facilities Services

	Current Biennium		Carry Forward Level		Maintenance Level		Performance Level	
	Year 1	Year 2	Year 1	Year 2	Year 1	Year 2	Year 1	Year 2
FTEs								
996-Z FTEs (EAOF-Other)	2,606.2	2,540.6	2,571.5	2,540.6	2,567.5	2,577.0	2,582.0	2,591.5
996-Z FTEs - Annual Average		2,573.4		2,556.1		2,572.3		2,586.8
Objects of Expenditure								
A Salaries And Wages	136,176,000	137,627,000	142,107,000	142,122,000	141,875,000	144,709,000	142,714,000	145,548,000
B Employee Benefits	56,166,000	53,336,000	53,984,000	53,336,000	55,124,000	53,642,000	55,390,000	53,908,000
C Personal Serv Contr	318,000	308,000	318,000	308,000	318,000	308,000	318,000	308,000
E Goods And Services	28,804,000	29,738,000	29,121,000	29,989,000	29,042,000	29,903,000	35,743,000	32,078,000
ED Land and Buildings	80,000	85,000	85,000	85,000	69,000	69,000	69,000	69,000
Subtotal for Object E	28,884,000	29,823,000	29,206,000	30,074,000	29,111,000	29,972,000	35,812,000	32,147,000
G Travel	147,000	147,000	147,000	147,000	147,000	147,000	147,000	147,000
J Capital Outlays	1,349,000	1,031,000	903,000	903,000	1,887,000	1,453,000	2,004,000	1,472,000
N Grants, Benefits Servs	752,000	722,000	752,000	722,000	752,000	722,000	752,000	722,000
P Debt Service	380,000	348,000	380,000	348,000	380,000	348,000	380,000	348,000
S Interagency Reimburs	(239,000)	(241,000)	(239,000)	(241,000)	(239,000)	(241,000)	(239,000)	(241,000)
TZ Unidentified	828,000	701,000	739,000	701,000	743,000	704,000	758,000	719,000
Total Objects of Expenditure	224,761,000	223,802,000	228,297,000	228,420,000	230,098,000	231,764,000	238,036,000	235,078,000
Source of Funds								
DSHS Sources for 001-1								
001-1 0011 GF- State	115,017,000	112,603,000	116,640,000	116,740,000	124,099,000	124,503,000	131,669,000	127,697,000
Total for: 001-1, GnrI Fnd-State	115,017,000	112,603,000	116,640,000	116,740,000	124,099,000	124,503,000	131,669,000	127,697,000
DSHS Sources for 001-7								
001-7 5417 Contr & Grnt	33,530,000	33,795,000	32,913,000	33,795,000	30,992,000	31,363,000	30,992,000	31,363,000
Total for: 001-7, GnrI Fnd-Priv-Loc	33,530,000	33,795,000	32,913,000	33,795,000	30,992,000	31,363,000	30,992,000	31,363,000
DSHS Sources for 001-C								
001-C 19TA T19 Assist (FMAP)	76,214,000	77,404,000	78,744,000	77,885,000	75,007,000	75,898,000	75,375,000	76,018,000
Total for: 001-C, GnrI Fnd-Medicaid	76,214,000	77,404,000	78,744,000	77,885,000	75,007,000	75,898,000	75,375,000	76,018,000
Total Source of Funds	224,761,000	223,802,000	228,297,000	228,420,000	230,098,000	231,764,000	238,036,000	235,078,000
Total Objects - SubProgram: 2000	224,761,000	223,802,000	228,297,000	228,420,000	230,098,000	231,764,000	238,036,000	235,078,000
Biennial Total Objects - SubProgram: 2000	448,563,000	448,563,000	456,717,000	456,717,000	461,862,000	461,862,000	473,114,000	473,114,000

2013-15 Agency Budget Levels by Program/SubProgram (DSHS B5)

Agency Activity: Blank

With Objects - All

All Fund/Approp Types

	Current Biennium		Carry Forward Level		Maintenance Level		Performance Level	
	Year 1	Year 2	Year 1	Year 2	Year 1	Year 2	Year 1	Year 2
Version: 11								
2013-15 2-YR Agency Req								
Program: 030 - Mental Health								
Total Funds - SubProgram: 2000	224,761,000	223,802,000	228,297,000	228,420,000	230,098,000	231,764,000	238,036,000	235,078,000
Biennial Total Funds - SubProgram: 2000	448,563,000	448,563,000	456,717,000	456,717,000	461,862,000	461,862,000	473,114,000	473,114,000
SubProgram: 8000 - Special Projects & Grants								
FTEs								
996-Z FTEs (EAOF-Other)	.6	.6	.6	.6	.6	.6	.6	.6
996-Z FTEs - Annual Average	.6	.6	.6	.6	.6	.6	.6	.6
Objects of Expenditure								
A Salaries And Wages	82,000	82,000	83,000	83,000	83,000	83,000	83,000	83,000
B Employee Benefits	39,000	32,000	33,000	32,000	33,000	32,000	33,000	33,000
C Personal Serv Contr	116,000	340,000	300,000	301,000	300,000	301,000	300,000	301,000
E Goods And Services	520,000	520,000	545,000	541,000	545,000	541,000	545,000	541,000
G Travel	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000
N Grants, Benfts Servs	2,791,000	2,791,000	2,788,000	2,791,000	2,788,000	2,791,000	2,788,000	2,791,000
TZ Unidentified	0	(1,000)	(3,000)	(1,000)	(3,000)	(1,000)	(3,000)	(1,000)
Total Objects of Expenditure	3,553,000	3,769,000	3,751,000	3,752,000	3,751,000	3,752,000	3,751,000	3,752,000
Source of Funds								
DSHS Sources for 001-1								
001-1 0011 GF- State	1,148,000	1,276,000	1,608,000	1,609,000	1,608,000	1,609,000	1,608,000	1,609,000
Total for: 001-1, Gnl Fnd-State	1,148,000	1,276,000	1,608,000	1,609,000	1,608,000	1,609,000	1,608,000	1,609,000
DSHS Sources for 001-2								
001-2 150B MH H Path (100%)	1,304,000	1,304,000	1,304,000	1,304,000	1,304,000	1,304,000	1,304,000	1,304,000
001-2 243C Centered Housing	750,000	750,000	750,000	750,000	750,000	750,000	750,000	750,000
Total for: 001-2, Gnl Fnd-Federal	2,054,000	2,054,000	2,054,000	2,054,000	2,054,000	2,054,000	2,054,000	2,054,000
DSHS Sources for 001-7								
001-7 5417 Contr & Grnt	350,000	350,000	0	0	0	0	0	0
Total for: 001-7, Gnl Fnd-Priv-Loc	350,000	350,000	0	0	0	0	0	0
DSHS Sources for 001-C								
001-C 19JUL T19 Admin (50%)	1,000	89,000	89,000	89,000	89,000	89,000	89,000	89,000
Total for: 001-C, Gnl Fnd-Medicaid	1,000	89,000	89,000	89,000	89,000	89,000	89,000	89,000
Total Source of Funds	3,553,000	3,769,000	3,751,000	3,752,000	3,751,000	3,752,000	3,751,000	3,752,000

2013-15 Agency Budget Levels by Program/SubProgram (DSHS B5)

Agency Activity: Blank

With Objects - All

All Fund/Approp Types

Version: 11

2013-15 2-YR Agency Req

Program: 030 - Mental Health

Total Objects - SubProgram: 8000
Biennial Total Objects - SubProgram: 8000

Total Funds - SubProgram: 8000
Biennial Total Funds - SubProgram: 8000

SubProgram: 9000 - Headquarters Prog Support

	Current Biennium		Carry Forward Level		Maintenance Level		Performance Level	
	Year 1	Year 2	Year 1	Year 2	Year 1	Year 2	Year 1	Year 2
FTEs								
996-Z FTEs (EAOF-Other)	69.8	68.8	69.8	68.8	69.8	69.3	69.8	69.3
996-Z FTEs - Annual Average		69.3		69.3		69.6		69.6
Objects of Expenditure								
A Salaries And Wages	3,961,000	3,920,000	4,062,000	4,029,000	4,024,000	4,041,000	4,024,000	4,041,000
B Employee Benefits	1,269,000	1,171,000	1,241,000	1,204,000	1,287,000	1,216,000	1,287,000	1,216,000
C Personal Serv Contr	474,000	475,000	474,000	475,000	474,000	475,000	474,000	475,000
E Goods And Services	2,299,000	1,838,000	2,312,000	1,859,000	2,315,000	1,858,000	2,318,000	1,860,000
ED Land and Buildings	302,000	305,000	305,000	305,000	279,000	307,000	279,000	307,000
Subtotal for Object E	2,601,000	2,143,000	2,617,000	2,164,000	2,594,000	2,165,000	2,597,000	2,167,000
G Travel	81,000	81,000	81,000	81,000	79,000	78,000	79,000	78,000
J Capital Outlays	26,000	26,000	26,000	26,000	42,000	29,000	42,000	29,000
N Grants, Benfts Servs	40,000	40,000	40,000	40,000	40,000	40,000	40,000	40,000
TZ Unidentified	37,000	40,000	36,000	40,000	38,000	42,000	38,000	42,000
Total Objects of Expenditure	8,489,000	7,896,000	8,577,000	8,059,000	8,578,000	8,086,000	8,581,000	8,088,000
Source of Funds								
DSHS Sources for 001-1								
001-1 0011 GF- State	4,482,000	4,247,000	4,529,000	4,345,000	4,562,000	4,390,000	4,565,000	4,392,000
Total for: 001-1, Grnt Fnd-State	4,482,000	4,247,000	4,529,000	4,345,000	4,562,000	4,390,000	4,565,000	4,392,000
DSHS Sources for 001-7								
001-7 5417 Contr & Grnt	223,000	223,000	223,000	223,000	223,000	223,000	223,000	223,000
Total for: 001-7, Grnt Fnd-Priv-Loc	223,000	223,000	223,000	223,000	223,000	223,000	223,000	223,000

2013-15 Agency Budget Levels by Program/SubProgram (DSHS B5)

Agency Activity: Blank

With Objects - All

All Fund/Approp Types

	Current Biennium		Carry Forward Level		Maintenance Level		Performance Level	
	Year 1	Year 2	Year 1	Year 2	Year 1	Year 2	Year 1	Year 2
Version: 11								
2013-15 2-YR Agency Req								
Program: 030 - Mental Health								
SubProgram: 9000 - Headquarters Prog Support								
Source of Funds								
<u>DSHS Sources for 001-C</u>								
001-C 19TA T19 Assist (FMAP)	0	0	0	0	0	0	0	20,000
001-C 19UG T19 Admin (75%)	1,011,000	1,011,000	1,011,000	1,011,000	1,011,000	1,011,000	1,011,000	1,011,000
001-C 19UL T19 Admin (50%)	2,773,000	2,415,000	2,814,000	2,480,000	2,782,000	2,442,000	2,782,000	2,442,000
<i>Total for: 001-C, Gnl Fnd-Medicaid</i>	3,784,000	3,426,000	3,825,000	3,491,000	3,793,000	3,473,000	3,793,000	3,473,000
Total Source of Funds	8,489,000	7,896,000	8,577,000	8,059,000	8,578,000	8,086,000	8,581,000	8,088,000
Total Objects - SubProgram: 9000	8,489,000	7,896,000	8,577,000	8,059,000	8,578,000	8,086,000	8,581,000	8,088,000
Biennial Total Objects - SubProgram: 9000		16,385,000		16,636,000		16,664,000		16,669,000
Total Funds - SubProgram: 9000	8,489,000	7,896,000	8,577,000	8,059,000	8,578,000	8,086,000	8,581,000	8,088,000
Biennial Total Funds - SubProgram: 9000		16,385,000		16,636,000		16,664,000		16,669,000
Total Objects - Program: 030	787,393,000	799,638,000	805,090,000	804,403,000	825,341,000	845,533,000	833,282,000	848,849,000
Biennial Total Objects - Program: 030		1,587,031,000		1,609,493,000		1,670,874,000		1,682,131,000
Total Funds - Program: 030	787,393,000	799,638,000	805,090,000	804,403,000	825,341,000	845,533,000	833,282,000	848,849,000
Biennial Total Funds - Program: 030		1,587,031,000		1,609,493,000		1,670,874,000		1,682,131,000

2013-15 Agency Budget Levels by Program/SubProgram (DSHS B5)

Agency Activity: Blank

All Fund/Approp Types

Version: 11

With Objects - All

	Current Biennium		Carry Forward Level		Maintenance Level		Performance Level	
	Year 1	Year 2	Year 1	Year 2	Year 1	Year 2	Year 1	Year 2
Overall Total Objects	787,393,000	799,638,000	805,090,000	804,403,000	825,341,000	845,533,000	833,282,000	848,849,000
Biennial Overall Total Objects	1,587,031,000		1,609,493,000		1,670,874,000		1,682,131,000	
Overall Total Funds	787,393,000	799,638,000	805,090,000	804,403,000	825,341,000	845,533,000	833,282,000	848,849,000
Biennial Overall Total Funds	1,587,031,000		1,609,493,000		1,670,874,000		1,682,131,000	

Recommendation Summary

Budget Period:2013-15

Version: C1 - 030 2013-15 2-YR Agency Req

Budget Level Criteria: M1+M2

Dollars in Thousands		Program Priority	Annual Avg FTEs	General Fund State	Other Funds	Total Funds
Program 030 - Mental Health						
M1 - Mandatory Caseload and Enrollment Changes						
93	Mandatory Caseload Adjustments	0	0.0	22,512	22,512	45,024
SubTotal M1			0.0	22,512	22,512	45,024
M2 - Inflation and Other Rate Changes						
8L	Lease Rate Adjustments	0	0.0	(43)	(13)	(56)
8P	Postage Rate Adjustments	0	0.0	6	0	6
9H	FMAP Match Adjustment	0	0.0	0	0	0
9T	Transfers	0	(4.0)	591	(79)	512
CN	ACA Impact to DSH Funding	0	0.0	0	0	0
CP	PC Replacement	0	0.0	231	0	231
CT	ITA - 2SHB 3076 Laws of 2010	0	20.5	7,520	3,698	11,218
CU	MH Firearm Background Checks	0	2.0	185	100	285
CW	Essential Equipment	0	0.0	1,303	0	1,303
CX	Restore Funding for ITA & ORCSP	0	0.0	3,226	0	3,226
CZ	Hospital Revenue Adjustment	0	0.0	11,368	(11,368)	0
EN	ACA-Mandatory Provider Revalidation	0	0.0	0	0	0
EP	Fiscal Employer Agent	0	0.0	0	0	0
FK	ACA - Health Care Reform Implement	0	0.0	0	0	0
KY	Transfer between DSHS and HCA	0	(2.0)	(184)	(184)	(368)
WB	Federal Funds Technical Adjustment	0	0.0	0	0	0
SubTotal M2			16.5	24,203	(7,846)	16,357
Total Proposed M1+M2 Budget for Program 030 - Mental Health			16.5	46,715	14,666	61,381

Recommendation Summary Text

8L - Lease Rate Adjustments

(M2) The Department of Social and Health Services (DSHS) requests a reduction of (\$6,050,000) Total Funds, (\$3,570,000) GF-State, in the 2013-15 Biennium for the incremental costs of lease changes for offices and client service centers statewide.

8P - Postage Rate Adjustments

(M2) The Department of Social and Health Services (DSHS) requests \$516,000 Total Funds, \$286,000 GF-State, in the 2013-15 Biennium for funding the increase in First-Class Mail postage from \$0.44 to \$0.45 that took effect January 22, 2012.

93 - Mandatory Caseload Adjustments

(M1) The Department of Social and Health Services (DSHS), Aging and Disability Services Administration (ADSA), Division of Behavioral Health and Recovery (DBHR), requests \$45,024,000 Total Funds, \$22,512,000 GF-State, in the 2013-15 Biennium for an adjustment to reflect the changes in the number of Medicaid eligible clients based on the June 2012 Caseload Forecast.

9H - FMAP Match Adjustment

(M2) The Department of Social and Health Services (DSHS) is submitting a placeholder to recognize the adjustment to Federal Medical Assistance Percentage (FMAP) for the 2013-15 Biennial Budget, which will be published in September 2012.

Recommendation Summary

Budget Period:2013-15

Version: C1 - 030 2013-15 2-YR Agency Req

Budget Level Criteria: M1+M2

Dollars in Thousands	Program Priority	Annual Avg FTEs	General Fund State	Other Funds	Total Funds
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9H - FMAP Match Adjustment

9T - Transfers

(M2) The Department of Social and Health Services (DSHS) requests the shift of FTEs and funding among programs in the 2013-15 Budget. This transfer will align FTEs and funds with the programs where the costs are incurred. The DSHS program combine total equals a net zero impact cost; the fiscal detail section amount below reflects an individual program.

CN - ACA Impact to DSH Funding

(M2) The Department of Social and Health Services (DSHS), Aging and Disability Services Administration (ADSA), Division of Behavioral Health and Recovery (DBHR) requests a placeholder in the 2013-15 Biennium to a reduction in Disproportionate Share Hospital Payments (DSH) funding that will impact the state hospitals as a result of the Affordable Care Act (ACA).

CP - PC Replacement

(M2) The Department of Social and Health Services (DSHS), Aging and Disabilities Services Administration (ADSA), Division of Behavioral Health and Recovery (DBHR), requests \$231,000 GF-State, in the 2013-15 Biennium to replace Information Technology (IT) equipment that is beyond its useful life at Western and Eastern State Hospitals.

CT - ITA - 2SHB 3076 Laws of 2010

(M2) The Department of Social and Health Services (DSHS), Aging and Disability Services Administration (ADSA), Division of Behavioral Health and Recovery (DBHR), requests 20.5 FTEs and \$11,218,000 Total Funds, \$7,520,000 GF-State, to implement Second Substitute House Bill (2SHB) 3076 passed in the 2010 Legislative Session.

CU - MH Firearm Background Checks

(M2) The Department of Social and Health Services (DSHS), Aging and Disability Services Administration (ADSA), Division of Behavioral Health and Recovery (DBHR) requests 2.0 FTEs and \$285,000 Total Funds, \$185,000 GF-State, in the 2013-15 Biennium to provide timely processing of the estimated 234,000 annual background checks as required by RCW 9.41.070 and RCW 71.05.

CW - Essential Equipment

(M2) The Department of Social and Health Services (DSHS) requests \$1,303,000 GF-State in the 2013-15 Biennium for the replacement of equipment that is critical in the support of the health, safety, and security of residents and staff at the department's institutional programs.

CX - Restore Funding for ITA & ORCSP

(M2) The Department of Social and Health Services (DSHS), Aging and Disability Services Administration (ADSA), Division of Behavioral Health and Recovery (DBHR), requests \$3,226,000 GF-State in the 2013-15 Biennium to restore funding for Involuntary Treatment Act (ITA) ancillary services and the Offender Re-entry Community Services Program (ORCSP).

CZ - Hospital Revenue Adjustment

(M2) The Department of Social and Health Services (DSHS), Aging and Disabilities Services Administration (ADSA), Division of Behavioral Health and Recovery (DBHR), requests \$11,368,000 GF-State in the 2013-15 Biennium for an annual adjustment to state hospital revenue for patient contributions including Medicare, private pay and insurance.

EN - ACA-Mandatory Provider Revalidation

Recommendation Summary

Budget Period:2013-15

Version: C1 - 030 2013-15 2-YR Agency Req

Budget Level Criteria: M1+M2

Dollars in Thousands	Program Priority	Annual Avg FTEs	General Fund State	Other Funds	Total Funds
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EN - ACA-Mandatory Provider Revalidation

(M2) The Department of Social and Health Services (DSHS) is submitting this placeholder request for funds and FTEs to meet new federal requirements as part of the Affordable Care Act (ACA). DSHS is required to revalidate all enrolled providers every five years, complete additional screenings when enrolling new providers, complete site visits during revalidation, and other new requirements.

EP - Fiscal Employer Agent

(M2) The Department of Social and Health Services (DSHS) is submitting this placeholder request for operational funding requirements to pay individual providers through a fiscal employer agent. With ProviderOne, all W-2 paid providers will be paid through fiscal employer agent. This change will bring Washington into compliance with Medicaid rules regarding time reporting for W-2 providers and federal financial participation requirements for federal matching funds. This change will improve payment integrity and provide a more flexible payment system for individual providers.

FK - ACA - Health Care Reform Implement

(M2) The Department of Social and Health Services (DSHS) is submitting this placeholder request to address staffing and program funding adjustments due to modifications for enrollment and eligibility of low income clients for health care as a result of the implementation of the Affordable Care Act (ACA).

KY - Transfer between DSHS and HCA

(M2) The Department of Social and Health Services (DSHS) requests a transfer of (8.0) FTEs and (\$836,000) Total Funds, (\$373,000) GF-State, from DSHS to the Health Care Authority (HCA). This would move the remaining FTEs and dollars between DSHS and HCA to complete the Memorandum of Understanding (MOU) between the Medicaid Purchasing Administration (MPA), now HCA and DSHS.

WB - Federal Funds Technical Adjustment

(M2) The Department of Social and Health Services (DSHS) requests adjustments between types of federal funds, within the current GF-Federal spending authority, to accurately reflect expected types of federal earnings in the 2013-15 Biennium.

Department of Social and Health Services

DP Code/Title: M1-93 Mandatory Caseload Adjustments
Program Level - 030 Mental Health

Budget Period: 2013-15 Version: C1 030 2013-15 2-YR Agency Req

Recommendation Summary Text:

The Department of Social and Health Services (DSHS), Aging and Disability Services Administration (ADSA), Division of Behavioral Health and Recovery (DBHR), requests \$45,024,000 Total Funds, \$22,512,000 GF-State, in the 2013-15 Biennium for an adjustment to reflect the changes in the number of Medicaid eligible clients based on the June 2012 Caseload Forecast.

Fiscal Detail:

<u>Operating Expenditures</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Program 030			
001-1 General Fund - Basic Account-State	8,418,000	14,094,000	22,512,000
001-C General Fund - Basic Account-Medicaid Federal	8,418,000	14,094,000	22,512,000
Total Cost	16,836,000	28,188,000	45,024,000

Staffing

Package Description:

Funding for mental health community-based services is based on the number of Washington State Medicaid eligible clients. An annual funding adjustment is required to reflect the changes in the number of Medicaid eligible clients based on the June 2012 Caseload Forecast. It reflects an increase of approximately 115,000 clients this biennium.

Agency Contact: Debbie Schaub (360) 902-8177
Program Contact: Kelly Sawka (360) 725-2055

Narrative Justification and Impact Statement

What specific performance outcomes does the agency expect?

DBHR expects to continue to provide the same level of services in the community for all Medicaid eligible clients.

Performance Measure Detail

Program: 030

Activity: C017 Community Mental Health Prepaid Health Services

No measures linked to package

Incremental Changes	
<u>FY 1</u>	<u>FY 2</u>
0.00	0.00

Is this decision package essential to implement a strategy identified in the agency's strategic plan?

This request supports the following goals identified in the DSHS 2013-2015 Strategic Plan:

--Goal 1 Improve the health status of vulnerable populations

Does this decision package provide essential support to one of the Governor's priorities?

This package supports the Governor's priority of access to high-quality, affordable health care for all Washingtonians.

Does this decision package make key contributions to statewide results? Would it rate as a high priority in the Priorities of Government process?

Department of Social and Health Services

DP Code/Title: M1-93 Mandatory Caseload Adjustments
Program Level - 030 Mental Health

Budget Period: 2013-15 Version: C1 030 2013-15 2-YR Agency Req

This decision package rates as a high priority in the Priorities of Government (POG) process for the 2013-15 Budget development under the strategy:

Improve the health of Washingtonians
--Provide access to quality health care

What are the other important connections or impacts related to this proposal?

None

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

None

What are the consequences of not funding this package?

This request is for funding based on the most current forecast, June 2012, which shows an increase of approximately 115,000, for a total of 2,274,000 this biennium.

What is the relationship, if any, to the state's capital budget?

None

What changes would be required to existing statutes, rules, or contracts, in order to implement the change?

None

Expenditure and revenue calculations and assumptions

See attachment: DBHR M1-93 Mandatory Caseload Adjustments.xlsx.

Which costs and functions are one-time? Which are ongoing? What are the budget impacts in future biennia?

Funding changes are ongoing. Costs associated with the caseload in future biennia will be determined by future caseload forecasts.

<u>Object Detail</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Program 030 Objects			
N Grants, Benefits & Client Services	16,836,000	28,188,000	45,024,000

Department of Social and Health Services

DP Code/Title: M1-93 Mandatory Caseload Adjustments

Program Level - 030 Mental Health

Budget Period: 2013-15 Version: C1 030 2013-15 2-YR Agency Req

DSHS Source Code Detail

Program 030		<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Fund 001-1, General Fund - Basic Account-State				
<u>Sources</u> <u>Title</u>				
0011	General Fund State	8,418,000	14,094,000	22,512,000
<i>Total for Fund 001-1</i>		8,418,000	14,094,000	22,512,000
Fund 001-C, General Fund - Basic Account-Medicaid Federal				
<u>Sources</u> <u>Title</u>				
19TA	Title XIX Assistance (FMAP)	8,418,000	14,094,000	22,512,000
<i>Total for Fund 001-C</i>		8,418,000	14,094,000	22,512,000
Total Program 030		16,836,000	28,188,000	45,024,000

**2013-15 Biennium Budget
M1-93 Mandatory Caseload Adjustments**

FY 14 Funding Request (State Plan Rates X Caseload)											
July 2013 through June 2014											
Medicaid Rate	Children			Adults			Total	Leg Funding	Amount Change	State	Federal
	Non Disbid	Disbid	Non Disbid	Disbid	Non Disbid	Disbid					
RSN	1,963,870.60	1,052,571.11	488,645.20	3,859,502.85	7,364,589.75	6,805,041.25	559,548.50	279,774.25	279,774.25		
Chelan Douglas	6,439,564.79	4,765,243.17	2,267,410.20	11,858,501.79	25,330,719.95	23,202,188.96	2,128,530.98	1,064,265.49	1,064,265.49		
Clark	838,478.77	356,922.84	634,395.08	4,493,720.23	6,323,516.92	5,888,146.90	435,370.02	217,685.01	217,685.01		
Greater Columbia	10,146,274.77	9,109,229.32	4,930,431.23	23,343,917.63	47,529,852.95	44,092,959.76	3,436,893.19	1,718,446.60	1,718,446.60		
King	19,051,192.83	11,933,307.87	12,198,999.67	64,902,682.06	108,086,182.43	99,782,696.53	8,303,485.90	4,151,742.95	4,151,742.95		
North Central	3,013,750.07	1,647,307.73	2,088,058.71	8,539,225.19	15,288,341.71	14,421,739.52	866,602.18	433,301.09	433,301.09		
North Sound	10,119,883.88	5,542,792.52	4,129,646.69	33,223,644.33	53,015,967.42	49,194,004.39	3,821,963.03	1,910,981.51	1,910,981.51		
Peninsula	3,756,945.59	2,507,566.26	2,378,378.23	14,523,852.53	23,188,661.16	21,188,661.16	1,978,081.45	989,040.73	989,040.73		
Pierce	6,167,313.81	4,968,529.81	4,876,354.33	33,987,325.07	49,999,433.02	46,075,463.16	3,923,969.86	1,961,984.93	1,961,984.93		
Southwest	2,319,207.03	1,010,081.29	948,141.58	3,900,650.96	8,178,080.87	7,734,333.33	443,747.54	221,873.77	221,873.77		
Spokane	8,963,111.43	7,030,073.40	2,966,400.92	21,347,495.30	40,307,081.05	37,613,627.60	2,693,453.45	1,346,726.73	1,346,726.73		
Thurston Mason	2,822,117.08	894,773.66	1,735,244.33	11,610,550.99	17,062,686.06	15,951,831.88	1,110,854.18	555,427.09	555,427.09		
Timberlands	1,539,430.82	656,462.31	897,900.21	4,810,541.06	7,903,734.40	7,307,114.21	596,620.19	298,310.09	298,310.09		
Total	77,141,141.48	51,474,861.29	40,539,406.38	240,401,519.99	409,556,929.15	379,257,808.66	30,299,120.49	15,149,560.25	15,149,560.25		
Wtd Avg Rate	\$9.06	\$85.06	\$16.52	\$124.37							

2012 Supplemental Budget	379,257,809
CFL Mandatory Caseload Adj.	16,282,000
CFL RSN Medicaid Rates	(254,000)
CFL Optional Waiver Services	(2,565,000)
Total Legislative Funding	392,720,809
Difference between New Rates & Leg Funding	16,836,000
	8,418,000
	8,418,000

FY 15 Funding Request (State Plan Rates X Caseload)											
July 2014 through June 2015											
Medicaid Rate	Children			Adults			Total	Leg Funding	Amount Change	State	Federal
	Non Disbid	Disbid	Non Disbid	Disbid	Non Disbid	Disbid					
RSN	2,026,534.85	1,094,793.33	496,112.18	4,004,601.61	7,622,041.97	7,080,342.99	541,698.98	270,849.49	270,849.49		
Chelan Douglas	6,645,041.91	4,956,393.36	2,302,058.50	12,304,324.46	26,207,818.24	24,377,557.11	1,830,261.13	915,130.57	915,130.57		
Clark	865,233.41	371,240.23	644,089.27	4,662,662.51	6,543,225.43	6,122,512.31	420,713.11	210,356.56	210,356.56		
Greater Columbia	10,470,027.61	9,474,631.65	5,005,773.15	24,221,536.75	49,171,969.16	45,855,048.99	3,316,920.17	1,658,460.08	1,658,460.08		
King	19,659,088.63	12,411,993.65	12,385,412.60	67,342,710.99	111,799,205.86	104,035,664.91	7,763,540.95	3,881,770.47	3,881,770.47		
North Central	3,109,914.44	1,713,386.88	2,119,966.34	8,860,259.02	15,803,526.68	14,987,766.49	815,760.19	407,880.09	407,880.09		
North Sound	10,442,794.63	5,765,132.87	4,192,751.83	34,472,693.69	54,873,373.02	51,173,707.64	3,699,665.38	1,849,832.69	1,849,832.69		
Peninsula	3,876,824.25	2,608,153.32	2,414,722.23	15,069,879.59	23,969,579.39	22,311,729.99	1,657,849.40	828,924.70	828,924.70		
Pierce	6,364,103.81	5,167,834.52	4,950,869.91	35,264,991.77	51,747,800.01	47,920,859.38	3,826,940.63	1,913,470.32	1,913,470.32		
Southwest	2,393,209.55	1,050,599.11	962,630.13	4,047,296.69	8,453,735.48	8,040,105.77	413,629.71	206,814.85	206,814.85		
Spokane	9,249,111.26	7,312,073.68	3,011,730.49	22,150,058.53	41,722,973.96	39,464,384.97	2,258,588.99	1,129,294.50	1,129,294.50		
Thurston Mason	2,912,166.72	930,666.09	1,761,760.61	12,047,051.91	17,651,645.32	16,586,100.53	1,065,544.79	532,772.40	532,772.40		
Timberlands	1,588,551.82	682,795.26	911,011.85	4,991,394.28	8,173,753.21	7,596,287.72	577,465.49	288,732.75	288,732.75		
Total	79,602,602.88	53,539,693.94	41,158,889.11	249,439,461.80	423,740,647.73	395,552,068.81	28,188,578.92	14,094,289.46	14,094,289.46		
Wtd Avg Rate	\$9.06	\$85.06	\$16.52	\$124.37							

2012 Supplemental Budget	395,552,069
Total Legislative Funding	395,552,069
Difference between New Rates & Leg Funding	28,188,000
	14,094,000
	14,094,000

Department of Social and Health Services

DP Code/Title: M2-8L Lease Rate Adjustments
Program Level - 030 Mental Health

Budget Period: 2013-15 Version: C1 030 2013-15 2-YR Agency Req

Recommendation Summary Text:

The Department of Social and Health Services (DSHS) requests a reduction of (\$6,050,000) Total Funds, (\$3,570,000) GF-State, in the 2013-15 Biennium for the incremental costs of lease changes for offices and client service centers statewide.

Fiscal Detail:

Operating Expenditures

	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Program 030			
001-1 General Fund - Basic Account-State	(32,000)	(11,000)	(43,000)
001-C General Fund - Basic Account-Medicaid Federal	(10,000)	(3,000)	(13,000)
Total Cost	(42,000)	(14,000)	(56,000)

Staffing

Package Description:

DSHS continues to seek opportunities to downsize and collocate offices within the agency as well as other state agencies to maximize the integration of service delivery to clients. This request reduces (\$6,050,000) Total Funds, (\$3,570,000) GF-State, in lease dollars for the 2013-15 Biennium. In the prior 2011-13 Biennial Budget request, DSHS reduced (\$12,138,000) Total Funds, (7,039,000) GF-State, from the lease budget. These reductions will continue to be achieved through collocating, downsizing, and eliminating several leases.

This savings request requires one-time funding, M2-WA One-Time Relocation, in order to achieve the savings and reach the agency's six-year goal of reducing the agency's current leasehold footprint of 3,061,954 square feet by approximately 10 percent by June 30, 2019. Prior to the 2011-13 Biennium, DSHS leased a total of 3,379,000 million square feet.

Agency Contact: Tula Habb (360) 902-8182
Program Contact: Denise Kopel (360) 902-7707

Narrative Justification and Impact Statement

What specific performance outcomes does the agency expect?

DSHS is legally obligated to provide services to its estimated 2.5 million clients across the state. To accomplish this mission, DSHS must have accessible American Disability Act (ADA) compliant office locations across the state, which allow staff to meet with clients and provide them services. This request maximizes office space usage and service delivery to clients.

Performance Measure Detail

Program: 030

Activity: C900 Program Support - Mental Health

No measures linked to package

Incremental Changes

<u>FY 1</u>	<u>FY 2</u>
0.00	0.00

Is this decision package essential to implement a strategy identified in the agency's strategic plan?

This request supports the following goals identified in the DSHS 2013-2015 Strategic Plan:

--Goal 5 Increase public trust through strong management practices that ensure quality and leverage all resources

Department of Social and Health Services

DP Code/Title: M2-8L Lease Rate Adjustments
Program Level - 030 Mental Health

Budget Period: 2013-15 Version: C1 030 2013-15 2-YR Agency Req

Does this decision package provide essential support to one of the Governor's priorities?

This package supports the Governor's priority of holding government accountable by focusing on performance and investing our resources to get the greatest possible return.

Does this decision package make key contributions to statewide results? Would it rate as a high priority in the Priorities of Government process?

This decision package rates as a high priority in the Priorities of Government (POG) process for the 2013-15 Budget development under the strategy:

State government must achieve results through efficient and effective performance
--Ensure efficiency, performance, and accountability to clients and the public

What are the other important connections or impacts related to this proposal?

Funding for one-time costs is required in order to achieve the savings outlined in this decision package. The one-time funding allows DSHS to close, move and collocate, and redesign offices, in turn, decreasing rental costs and placing offices in client communities. The one-time funding request is in decision package M2-WA One-Time Relocation.

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

DSHS must pay legally binding lease obligations, which range from five-year to 15-year terms. The department shares responsibility for renewal of lease costs with the Department of Enterprise Services (DES) and Office of Financial Management (OFM) to establish and negotiate all lease terms.

Each lease renewal is evaluated against options for remodels and/or relocation using the following criteria: efficient use of budget dollars (one-time versus ongoing costs), efficient use of space, service integration opportunities, and improved service delivery through collocation opportunities with other agencies.

What are the consequences of not funding this package?

DSHS will not maximize its use of office space and effective service delivery to clients.

What is the relationship, if any, to the state's capital budget?

None

What changes would be required to existing statutes, rules, or contracts, in order to implement the change?

None

Expenditure and revenue calculations and assumptions

See attachments: AW M2-8L Lease Rate Adjustments - Attachment 1; AW M2-8L Lease Rate Adjustments - Attachment 2; and AW M2-8L Lease Rate Adjustments - Attachment 3.

Which costs and functions are one-time? Which are ongoing? What are the budget impacts in future biennia?

Lease savings and costs will continue into future biennia.

Department of Social and Health Services

DP Code/Title: M2-8L Lease Rate Adjustments

Program Level - 030 Mental Health

Budget Period: 2013-15 Version: C1 030 2013-15 2-YR Agency Req

<u>Object Detail</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Program 030 Objects			
E Goods And Services	(42,000)	(14,000)	(56,000)
<u>DSHS Source Code Detail</u>			
Program 030	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Fund 001-1, General Fund - Basic Account-State			
<u>Sources Title</u>			
0011 General Fund State	(32,000)	(11,000)	(43,000)
<i>Total for Fund 001-1</i>	<u>(32,000)</u>	<u>(11,000)</u>	<u>(43,000)</u>
Fund 001-C, General Fund - Basic Account-Medicaid Federal			
<u>Sources Title</u>			
19UL Title XIX Admin (50%)	(10,000)	(3,000)	(13,000)
<i>Total for Fund 001-C</i>	<u>(10,000)</u>	<u>(3,000)</u>	<u>(13,000)</u>
Total Program 030	<u>(42,000)</u>	<u>(14,000)</u>	<u>(56,000)</u>

**2013-15 Biennial Budget
M2-8L Lease Rate Adjustments**

Program	FY 2014 Request			FY 2015 Request			2013-15 Biennium Request			Fund Splits	
	State	Other	Total	State	Other	Total	State	Other	Total	State %	Other %
010 - CA	(\$358,000)	(\$372,000)	(\$730,000)	(\$280,000)	(\$292,000)	(\$572,000)	(\$638,000)	(\$664,000)	(\$1,302,000)	49%	51%
020 - JRA	(\$621,000)	\$0	(\$621,000)	(\$621,000)	\$0	(\$621,000)	(\$1,242,000)	\$0	(\$1,242,000)	100%	0%
030 - MHD	(\$32,000)	(\$10,000)	(\$42,000)	(\$11,000)	(\$3,000)	(\$14,000)	(\$43,000)	(\$13,000)	(\$56,000)	77%	23%
040 - DDD	\$177,000	\$123,000	\$300,000	\$181,000	\$125,000	\$306,000	\$358,000	\$248,000	\$606,000	59%	41%
050 - LTC	\$181,000	\$212,000	\$393,000	\$192,000	\$225,000	\$417,000	\$373,000	\$437,000	\$810,000	46%	54%
060 - ESA	(\$1,086,000)	(\$1,043,000)	(\$2,129,000)	(\$911,000)	(\$875,000)	(\$1,786,000)	(\$1,997,000)	(\$1,918,000)	(\$3,915,000)	51%	49%
070 - ASA	(\$41,000)	(\$45,000)	(\$86,000)	(\$28,000)	(\$31,000)	(\$59,000)	(\$69,000)	(\$76,000)	(\$145,000)	48%	52%
100 - DVR	(\$35,000)	(\$161,000)	(\$196,000)	(\$44,000)	(\$200,000)	(\$244,000)	(\$79,000)	(\$361,000)	(\$440,000)	18%	82%
110 - ADMIN	(\$123,000)	(\$69,000)	(\$192,000)	(\$115,000)	(\$64,000)	(\$179,000)	(\$238,000)	(\$133,000)	(\$371,000)	64%	36%
135 - SCC	(\$1,000)	\$0	(\$1,000)	\$6,000	\$0	\$6,000	\$5,000	\$0	\$5,000	100%	0%
150 - ISSD	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	100%	0%
Total	(\$1,939,000)	(\$1,365,000)	(\$3,304,000)	(\$1,631,000)	(\$1,115,000)	(\$2,746,000)	(\$3,570,000)	(\$2,480,000)	(\$6,050,000)		

Program	2013-15 Biennium Request			2013-15 Biennium Need			2013-15 Carry Forward Level Base		
	FY 2014	FY 2015	Total	FY 2014	FY 2015	Total	FY 2014	FY 2015	Total
010 - CA	(\$730,000)	(\$572,000)	(\$1,302,000)	\$16,048,000	\$16,206,000	\$32,254,000	\$16,778,000	\$16,778,000	\$33,556,000
020 - JRA	(\$621,000)	(\$621,000)	(\$1,242,000)	\$795,000	\$818,000	\$1,613,000	\$1,416,000	\$1,439,000	\$2,855,000
030 - MHD	(\$42,000)	(\$14,000)	(\$56,000)	\$348,000	\$376,000	\$724,000	\$390,000	\$390,000	\$780,000
040 - DDD	\$300,000	\$306,000	\$606,000	\$3,550,000	\$3,591,000	\$7,141,000	\$3,250,000	\$3,285,000	\$6,535,000
050 - LTC	\$393,000	\$417,000	\$810,000	\$7,802,000	\$8,211,000	\$16,013,000	\$7,409,000	\$7,794,000	\$15,203,000
060 - ESA	(\$2,129,000)	(\$1,786,000)	(\$3,915,000)	\$27,877,000	\$28,257,000	\$56,134,000	\$30,006,000	\$30,043,000	\$60,049,000
070 - ASA	(\$86,000)	(\$59,000)	(\$145,000)	\$324,000	\$351,000	\$675,000	\$410,000	\$410,000	\$820,000
100 - DVR	(\$196,000)	(\$244,000)	(\$440,000)	\$2,507,000	\$2,459,000	\$4,966,000	\$2,703,000	\$2,703,000	\$5,406,000
110 - ADMIN	(\$192,000)	(\$179,000)	(\$371,000)	\$366,000	\$375,000	\$741,000	\$558,000	\$554,000	\$1,112,000
135 - SCC	(\$1,000)	\$6,000	\$5,000	\$323,000	\$330,000	\$653,000	\$324,000	\$324,000	\$648,000
150 - ISSD	\$0	\$0	\$0	\$10,000	\$10,000	\$20,000	\$10,000	\$10,000	\$20,000
Total	(\$3,304,000)	(\$2,746,000)	(\$6,050,000)	\$59,950,000	\$60,984,000	\$120,934,000	\$63,254,000	\$63,730,000	\$126,984,000

Department of Social and Health Services

DP Code/Title: M2-8P Postage Rate Adjustments
Program Level - 030 Mental Health

Budget Period: 2013-15 Version: C1 030 2013-15 2-YR Agency Req

Recommendation Summary Text:

The Department of Social and Health Services (DSHS) requests \$516,000 Total Funds, \$286,000 GF-State, in the 2013-15 Biennium for funding the increase in First-Class Mail postage from \$0.44 to \$0.45 that took effect January 22, 2012.

Fiscal Detail:

<u>Operating Expenditures</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Program 030			
001-1 General Fund - Basic Account-State	3,000	3,000	6,000
Total Cost	3,000	3,000	6,000

Staffing

Package Description:

Effective January 22, 2012, the United States Postal Service (USPS) increased the rate for First-Class Mail to \$0.45 from the former rate of \$0.44.

This request funds a 2.27 percent increase in the First-Class Mail postage rate. The department postage costs are to meet mandatory notification requirements and for required operational needs.

Agency Contact: Jialing Huang (360) 902-7831

Narrative Justification and Impact Statement

What specific performance outcomes does the agency expect?

Not applicable

Performance Measure Detail

Program: 030

Activity: C063 Mental Health Facilities Services

No measures linked to package

Incremental Changes

<u>FY 1</u>	<u>FY 2</u>
0.00	0.00

Is this decision package essential to implement a strategy identified in the agency's strategic plan?

This request supports the following goals identified in the DSHS 2013-2015 Strategic Plan:

--Goal 5 Increase public trust through strong management practices that ensure quality and leverage all resources

Does this decision package provide essential support to one of the Governor's priorities?

This package supports the Governor's priority of holding government accountable by focusing on performance and investing our resources to get the greatest possible return.

Does this decision package make key contributions to statewide results? Would it rate as a high priority in the Priorities of Government process?

Department of Social and Health Services

DP Code/Title: M2-8P Postage Rate Adjustments
Program Level - 030 Mental Health

Budget Period: 2013-15 Version: C1 030 2013-15 2-YR Agency Req

This decision package rates as a high priority in the Priorities of Government (POG) process for the 2013-15 Budget development under the strategy:

Provide for the safety of Washington's vulnerable children and adults
--Ensure efficiency, performance, and accountability to clients and the public

What are the other important connections or impacts related to this proposal?

All state programs are impacted by this USPS rate increase.

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

The USPS mail service is considered accessible to all clients and is an efficient means of communication. Other forms of communication or remittance of payments, such as electronic banking and email, are not accessible to many of the department's clients or may require revisions to state laws.

What are the consequences of not funding this package?

Not funding this request may decrease the agency's ability to communicate with clients and remain responsive to constituent needs. If not approved, then funds will have to be diverted from programs or services to cover the increased costs.

What is the relationship, if any, to the state's capital budget?

None

What changes would be required to existing statutes, rules, or contracts, in order to implement the change?

None

Expenditure and revenue calculations and assumptions

Actual costs for Fiscal Year 2012 for specific Object E costs were used as the base for calculating Fiscal Year 2014 and Fiscal Year 2015 increases.

See attachment: AW M2-8P Postage Rate Adjustment.xlsx.

Which costs and functions are one-time? Which are ongoing? What are the budget impacts in future biennia?

This item is an ongoing operational cost. There are no one-time costs associated with this request. This is an increase that will carry forward into future biennia.

<u>Object Detail</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Program 030 Objects			
E Goods And Services	2,000	2,000	4,000
T Intra-Agency Reimbursements	1,000	1,000	2,000
Total Objects	3,000	3,000	6,000

State of Washington
Decision Package
Department of Social and Health Services

DP Code/Title: M2-8P Postage Rate Adjustments
Program Level - 030 Mental Health

Budget Period: 2013-15 Version: C1 030 2013-15 2-YR Agency Req

DSHS Source Code Detail

Program 030		<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Fund 001-1, General Fund - Basic Account-State				
<u>Sources</u>	<u>Title</u>			
0011	General Fund State	3,000	3,000	6,000
<i>Total for Fund 001-1</i>		3,000	3,000	6,000
Total Program 030		3,000	3,000	6,000

**2013-15 Biennial Budget
M2-8P Postage Rate Adjustment**

Department of Social & Health Services
2013-15 Biennial Budget Agency Request - 8P Postage Rate Adjustment

Rounded =Round(link,-3)

Program	Year			ISSD - TZ			Total		
	2014	2015	Total	2014	2015	Total	2014	2015	Total
010	14,000	14,000	28,000	3,000	3,000	6,000	17,000	17,000	34,000
020	1,000	1,000	2,000	1,000	1,000	2,000	2,000	2,000	4,000
030	2,000	2,000	4,000	1,000	1,000	2,000	3,000	3,000	6,000
040	5,000	5,000	10,000	1,000	1,000	2,000	6,000	6,000	12,000
050	8,000	8,000	16,000	2,000	2,000	4,000	10,000	10,000	20,000
060	201,000	201,000	402,000	11,000	11,000	22,000	212,000	212,000	424,000
070	0	0	0	0	0	0	0	0	0
100	2,000	2,000	4,000	0	0	0	2,000	2,000	4,000
110	4,000	4,000	8,000	2,000	2,000	4,000	6,000	6,000	12,000
135	0	0	0	0	0	0	0	0	0
145	0	0	0	0	0	0	0	0	0
150	21,000	21,000	42,000	(21,000)	(21,000)	(42,000)	0	0	0
Total	258,000	258,000	516,000	0	0	0	258,000	258,000	516,000

State/Other Split

Program	State			Other			Total		
	2014	2015	Total	2014	2015	Total	2014	2015	Total
010	11,000	11,000	22,000	6,000	6,000	12,000	17,000	17,000	34,000
020	2,000	2,000	4,000	0	0	0	2,000	2,000	4,000
030	3,000	3,000	6,000	0	0	0	3,000	3,000	6,000
040	4,000	4,000	8,000	2,000	2,000	4,000	6,000	6,000	12,000
050	6,000	6,000	12,000	4,000	4,000	8,000	10,000	10,000	20,000
060	112,000	112,000	224,000	100,000	100,000	200,000	212,000	212,000	424,000
070	0	0	0	0	0	0	0	0	0
100	0	0	0	2,000	2,000	4,000	2,000	2,000	4,000
110	5,000	5,000	10,000	1,000	1,000	2,000	6,000	6,000	12,000
135	0	0	0	0	0	0	0	0	0
145	0	0	0	0	0	0	0	0	0
150	0	0	0	0	0	0	0	0	0
Total	143,000	143,000	286,000	115,000	115,000	230,000	258,000	258,000	516,000

Department of Social and Health Services

DP Code/Title: M2-9H FMAP Match Adjustment
Program Level - 030 Mental Health

Budget Period: 2013-15 Version: C1 030 2013-15 2-YR Agency Req

Recommendation Summary Text:

The Department of Social and Health Services (DSHS) is submitting a placeholder to recognize the adjustment to Federal Medical Assistance Percentage (FMAP) for the 2013-15 Biennial Budget, which will be published in September 2012.

Fiscal Detail:

Operating Expenditures

FY 1

FY 2

Total

Overall Funding

Program Cost

Total Cost

Staffing

Package Description:

For programs that receive federal funds based on the FMAP, their current base is funded at the average rate of 50 percent in Fiscal Year 2012 and Fiscal Year 2013. This request recognizes that the FMAP will be published in September 2012 and could have an impact to several DSHS programs.

The FMAP rate is the federal government share of medical expenditures under each state's Medicaid program. FMAP is determined annually by a formula that compares each states average per capita income level with the national income averages. By law, the FMAP cannot be lower than 50 percent or higher than 83 percent.

Agency contact: Judi Kruller (360) 902-8186

Narrative Justification and Impact Statement

What specific performance outcomes does the agency expect?

DSHS accounts for the wise use of public dollars by maximizing federal funding sources.

Performance Measure Detail

Agency Level

Activity: C017 Community Mental Health Prepaid Health Services

No measures linked to package

Incremental Changes

FY 1

FY 2

0.00

0.00

Activity: C063 Mental Health Facilities Services

No measures linked to package

Incremental Changes

FY 1

FY 2

0.00

0.00

Is this decision package essential to implement a strategy identified in the agency's strategic plan?

This request supports the following goals identified in the DSHS 2013-2015 Strategic Plan:

--Goal 5 Increase public trust through strong management practices that ensure quality and leverage all resources

Does this decision package provide essential support to one of the Governor's priorities?

Department of Social and Health Services

DP Code/Title: M2-9H FMAP Match Adjustment
Program Level - 030 Mental Health

Budget Period: 2013-15 Version: C1 030 2013-15 2-YR Agency Req

This package supports the Governor’s priority of holding government accountable by focusing on performance and investing our resources to get the greatest possible return.

Does this decision package make key contributions to statewide results? Would it rate as a high priority in the Priorities of Government process?

This decision package rates as a high priority in the Priorities of Government (POG) process for the 2013-15 Budget development under the strategy:

State government must achieve results through efficient and effective performance.
--Deliver the efficient use of financial resources to provide public services

What are the other important connections or impacts related to this proposal?

There would be no impact on clients and services by funding this request.

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

No alternatives were explored. This is an adjustment made each year to align federal and state funding with the new FMAP rate.

What are the consequences of not funding this package?

States are required to provide match for each federal dollar spent under FMAP grants. If state funds are insufficient to match federal funding, DSHS would need to reduce services to eligible clients.

What is the relationship, if any, to the state's capital budget?

None

What changes would be required to existing statutes, rules, or contracts, in order to implement the change?

Changes to contracts will need to be made in order to reflect the new federal match rate.

Expenditure and revenue calculations and assumptions

Expenditure calculations will be made available when the new federal match rate is available.

Which costs and functions are one-time? Which are ongoing? What are the budget impacts in future biennia?

All costs are ongoing. The adjustment must be made each year to reflect the most current FMAP rate.

<u>Object Detail</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Overall Funding			
Program Totals			

State of Washington
Decision Package
Department of Social and Health Services

PLACEHOLDER

DP Code/Title: M2-9H FMAP Match Adjustment
Program Level - 030 Mental Health

Budget Period: 2013-15 Version: C1 030 2013-15 2-YR Agency Req

DSHS Source Code Detail

Overall Funding	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Fund ,			
<u>Sources Title</u>			

Total for Fund

Total Overall Funding

Totals for all funds

Department of Social and Health Services

DP Code/Title: M2-9T Transfers
Program Level - 030 Mental Health

Budget Period: 2013-15 Version: C1 030 2013-15 2-YR Agency Req

Recommendation Summary Text:

The Department of Social and Health Services (DSHS) requests the shift of FTEs and funding among programs in the 2013-15 Budget. This transfer will align FTEs and funds with the programs where the costs are incurred. The DSHS program combine total equals a net zero impact cost; the fiscal detail section amount below reflects an individual program.

Fiscal Detail:

<u>Operating Expenditures</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Program 030			
001-1 General Fund - Basic Account-State	859,000	(268,000)	591,000
001-7 General Fund - Basic Account-Private/Local	37,000	(4,000)	33,000
001-C General Fund - Basic Account-Medicaid Federal	(5,000)	(107,000)	(112,000)
Total Cost	891,000	(379,000)	512,000

Staffing

	<u>FY 1</u>	<u>FY 2</u>	<u>Annual Avg</u>
Program 030 FTEs	(4.0)	(4.0)	(4.0)

Package Description:

DSHS requests internal transfer among several program budgets resulting in a net zero funding change for the department. This aligns program appropriations with planned expenditures for the current budget. DSHS requests the following adjustments:

Information System Services Division (ISSD) Compensation Adjustment-
(Program 110 to Programs 010, 020, 030, 040, 050, 060, 070, 110, 110, and 135):

Program 110 - Administration and Supporting Services (Administration) will transfer compensation adjustments for staff in program 150 or ISSD to other DSHS programs. ISSD is a \$0 budget and chargeback program where funding resides in program's TZ budget. Administration will transfer \$653,000 GF-State to the other programs. The transfer will realign the funding with the correct DSHS programs to be charged by ISSD.

Central Service Reforms Savings Redistribution-
(Program 145 to Programs 010, 020, 030, 040, 050, 060, 070, 100, 110, 135, and 150):

Program 145 - Payments to Other Agencies (PTOA) received a budget reduction from the 2012 Supplemental Budget reducing costs related to cell phones, mailing, printing, and information technology. These costs are not paid by PTOA, but are paid by the other DSHS programs. PTOA will transfer \$6,737,000 Total Funds, \$5,177,000 GF-State, in reductions to the programs. This transfer will reduce funding in the programs where cost savings are incurred.

Internal Auditor and Cell Phone Funding-
(Programs 010, 020, 030, 040, 050, 060, 070, 100, 110, and 135):

Internal funding related to auditing and monitoring the effective use of cell phones is created. The funding will monitor cell phone usage and payments and develop a department-wide policy for effective use of cell phones. Programs will transfer \$302,000 Total Funds, \$152,000 GF-State, to Administration.

Human Resource Consolidation-
(Programs 010, 020, 030, 040, 050, 060, 070, 100, and 150 to 110):

The Human Resources Division (HRD) within Administration has undergone reorganization. All human resources staff in the field now report to HRD, but are funded by the various programs. This consolidation will move the budget for all human resources staff under HRD. The LEAP Committee provisionally approved this consolidation in June 2012, pending the receipt and verification of recast historical data. Programs will transfer 71.5 FTEs and \$9,510,000 Total Funds, \$5,038,000 GF-State, to Administration.

Department of Social and Health Services

DP Code/Title: M2-9T Transfers
Program Level - 030 Mental Health

Budget Period: 2013-15 Version: C1 030 2013-15 2-YR Agency Req

Carry Forward Level (CFL) Reversal-

(Program 145 to Programs 010, 020, 030, 040, 050, 060, 070, 100, 110, and 135):

The 2013-15 CFL biennialized the costs related to the Consolidated Technology Services (CTS) rate reduction and workers' compensation (L&I) adjustments. The CTS rate reduction and L&I adjustment were funded in PTOA from the initial 2011-13 Biennium Budget and were later transferred to the programs in the "Early Action" 2012 Supplemental Budget, where the costs incurred. However, in PTOA, these steps did not biennialize in the 2013-15 CFL; therefore, the transfers in the 2013-15 CFL should not biennialize either. PTOA will transfer \$3,399,000 Total Funds, \$2,477,000 GF-State, to the programs. This reversal will match the CFL for these items in PTOA and in the transfers step.

Evidence-Based Funding Transfer-

(Program 110 to Programs 010 and 030):

Funding from the 2012 Supplemental Budget - 2nd Special Session was provided for the implementation of E2SHB 2536 - Children Services Delivery with coordination between Children's Administration and Mental Health. The funding is intended for programs 010 and 030. Administration will transfer 2.0 FTEs and \$436,000 Total Funds, \$226,000 GF-State, to Children's and Mental Health.

Special Commitment Center (SCC) and Consolidated Field Services (CFS) FTE Transfer-

(Program 135 - SCC to Program 160 - CFS):

SCC received FTEs and funding for the maintenance operations of McNeil Island and received a reduction in resident's legal defense costs and related FTEs. Costs for these services are in SCC, but FTEs are in CFS. SCC will transfer 3.7 FTEs to CFS (6.7 FTEs provided for maintenance operations and 3.0 FTEs reduced for legal costs).

Cost Allocation Funding Adjustment-

(Program 110 and Program 145)

Actual earnings for Title 19 between Administration and PTOA need to be adjusted. Administration is earning more federal than state and the opposite is true in PTOA. Administration will transfer \$500,000 GF-State to PTOA and PTOA will transfer \$500,000 GF-Federal to Administration. The net effect is zero.

Developmental Disabilities Division (DDD) Category Transfer-

(Category 8000 to Categories 1000 and 2000)

DDD is transferring 136.0 FTEs and 19,773,000 Total Funds, \$9,187,000 GF-State, from Category 8000 to Categories 1000 and 2000. The closure of the Frances Haddon Morgan Center (FHMC) in the 2011-13 Biennium moved FTEs and funding to Category 8000 to help FHMC residents transitioned to the community settings and to the State Operated Living Alternatives (SOLA's). Residents have transitioned from FHMC to the community settings and the SOLA's and this request moves funding where costs are occurring.

These transfers will realign the funding with the DSHS programs to be charged.

Agency contact: Tula Habb (360) 902-8182

Narrative Justification and Impact Statement

What specific performance outcomes does the agency expect?

Costs are reflected in appropriate DSHS programs and the department maintains an effective administrative operation.

Performance Measure Detail

Program: 030

Activity: C063 Mental Health Facilities Services

No measures linked to package

Incremental Changes

FY 1

FY 2

0.00

0.00

Department of Social and Health Services

DP Code/Title: M2-9T Transfers
Program Level - 030 Mental Health

Budget Period: 2013-15 Version: C1 030 2013-15 2-YR Agency Req

Activity: C900 Program Support - Mental Health

No measures linked to package

Incremental Changes

FY 1	FY 2
0.00	0.00

Is this decision package essential to implement a strategy identified in the agency's strategic plan?

This request supports the following goals identified in the DSHS 2013-2015 Strategic Plan:

--Goal 5 Increase public trust through strong management practices that ensure quality and leverage all resources

Does this decision package provide essential support to one of the Governor's priorities?

This package supports the Governor's priority of holding government accountable by focusing on performance and investing our resources to get the greatest possible return.

Does this decision package make key contributions to statewide results? Would it rate as a high priority in the Priorities of Government process?

This decision package rates as a high priority in the Priorities of Government (POG) process for the 2013-15 Budget development under the strategy:

Provide for the safety of Washington's vulnerable children and adults

--Ensure efficiency, performance, and accountability to clients and the public

What are the other important connections or impacts related to this proposal?

None

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

None

What are the consequences of not funding this package?

If the funding authority is not transferred between programs, DSHS would be required to develop internal mechanisms to track and transfer costs resulting in reduced efficiency.

What is the relationship, if any, to the state's capital budget?

None

What changes would be required to existing statutes, rules, or contracts, in order to implement the change?

None

Expenditure and revenue calculations and assumptions

See attachment: AW M2-9T Transfers.xlsx.

Which costs and functions are one-time? Which are ongoing? What are the budget impacts in future biennia?

The transfer is one time then all costs associated with it will be ongoing and will carry-forward into future biennia.

Department of Social and Health Services

DP Code/Title: M2-9T Transfers
Program Level - 030 Mental Health

Budget Period: 2013-15 Version: C1 030 2013-15 2-YR Agency Req

<u>Object Detail</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Program 030 Objects			
A Salaries And Wages	(198,000)	(198,000)	(396,000)
B Employee Benefits	1,194,000	(63,000)	1,131,000
E Goods And Services	(106,000)	(117,000)	(223,000)
G Travel	(2,000)	(3,000)	(5,000)
T Intra-Agency Reimbursements	3,000	2,000	5,000
Total Objects	891,000	(379,000)	512,000

DSHS Source Code Detail

<u>Program 030</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Fund 001-1, General Fund - Basic Account-State			
<u>Sources Title</u>			
0011 General Fund State	859,000	(268,000)	591,000
<i>Total for Fund 001-1</i>	859,000	(268,000)	591,000
Fund 001-7, General Fund - Basic Account-Private/Local			
<u>Sources Title</u>			
5417 Contributions & Grants	37,000	(4,000)	33,000
<i>Total for Fund 001-7</i>	37,000	(4,000)	33,000
Fund 001-C, General Fund - Basic Account-Medicaid Federal			
<u>Sources Title</u>			
19TA Title XIX Assistance (FMAP)	(22,000)	(117,000)	(139,000)
19UL Title XIX Admin (50%)	17,000	10,000	27,000
<i>Total for Fund 001-C</i>	(5,000)	(107,000)	(112,000)
Total Program 030	891,000	(379,000)	512,000

**2013-15 Biennial Budget
M2-9T Transfers**

Program	FTEs			FY 2014			FY 2015			2013-15 Biennium		
	FY14	FY15	Total	001-1	Other	Total	001-1	Other	Total	001-1	Other	Total
010 Children's Administration			0.0			0			0			0
1. ISSD Compensation Adjustments			0.0	50,000		50,000	48,000		48,000	98,000	0	98,000
2. Central Service Reforms Redistribution			0.0	(510,000)	(152,000)	(662,000)	(593,000)	(185,000)	(778,000)	(1,103,000)	(337,000)	(1,440,000)
3. Auditor & Cell Phone Funding			0.0	(12,000)	(12,000)	(24,000)	(12,000)	(12,000)	(24,000)	(24,000)	(24,000)	(48,000)
4. Human Resource Consolidation	(13.0)	(13.0)	(13.0)	(473,000)	(419,000)	(892,000)	(473,000)	(419,000)	(892,000)	(946,000)	(838,000)	(1,784,000)
5. Carry Forward Level Reversal			0.0	109,000	36,000	145,000			0	109,000	36,000	145,000
6. Evidence Based Funding Transfer	1.0	1.0	1.0	57,000	53,000	110,000	57,000	53,000	110,000	114,000	106,000	220,000
			0.0			0			0	0	0	0
010 Total	(12.0)	(12.0)	(12.0)	(779,000)	(494,000)	(1,273,000)	(973,000)	(563,000)	(1,536,000)	(1,752,000)	(1,057,000)	(2,809,000)
020 Juvenile Rehabilitation												
1. ISSD Compensation Adjustments			0.0	8,000		8,000	8,000		8,000	16,000	0	16,000
2. Central Service Reforms Redistribution			0.0	(16,000)		(16,000)	(20,000)		(20,000)	(36,000)	0	(36,000)
3. Auditor & Cell Phone Funding			0.0	(7,000)		(7,000)	(7,000)		(7,000)	(14,000)	0	(14,000)
4. Human Resource Consolidation			0.0	(3,000)		(3,000)	(3,000)		(3,000)	(6,000)	0	(6,000)
5. Carry Forward Level Reversal			0.0	203,000		203,000			0	203,000	0	203,000
			0.0			0			0	0	0	0
020 Total	0.0	0.0	0.0	185,000	0	185,000	(22,000)	0	(22,000)	163,000	0	163,000
030 Mental Health												
1. ISSD Compensation Adjustments			0.0	12,000		12,000	12,000		12,000	24,000	0	24,000
2. Central Service Reforms Redistribution			0.0	(62,000)	(17,000)	(79,000)	(72,000)	(21,000)	(93,000)	(134,000)	(38,000)	(172,000)
3. Auditor & Cell Phone Funding			0.0	(13,000)	(13,000)	(26,000)	(13,000)	(13,000)	(26,000)	(26,000)	(26,000)	(52,000)
4. Human Resource Consolidation	(5.0)	(5.0)	(5.0)	(251,000)	(129,000)	(380,000)	(251,000)	(129,000)	(380,000)	(502,000)	(258,000)	(760,000)
5. Carry Forward Level Reversal			0.0	1,117,000	139,000	1,256,000			0	1,117,000	139,000	1,256,000
6. Evidence Based Funding Transfer	1.0	1.0	1.0	56,000	52,000	108,000	56,000	52,000	108,000	112,000	104,000	216,000
			0.0			0			0	0	0	0
030 Total	(4.0)	(4.0)	(4.0)	859,000	32,000	891,000	(268,000)	(111,000)	(379,000)	591,000	(79,000)	512,000
040 Division of Developmental Disabilities												
1. ISSD Compensation Adjustments			0.0	19,000		19,000	18,000		18,000	37,000	0	37,000
2. Central Service Reforms Redistribution			0.0	(115,000)	(32,000)	(147,000)	(133,000)	(40,000)	(173,000)	(248,000)	(72,000)	(320,000)
3. Auditor & Cell Phone Funding			0.0	(15,000)	(15,000)	(30,000)	(15,000)	(15,000)	(30,000)	(30,000)	(30,000)	(60,000)
4. Human Resource Consolidation	(6.0)	(6.0)	(6.0)	(240,000)	(146,000)	(386,000)	(240,000)	(146,000)	(386,000)	(480,000)	(292,000)	(772,000)
5. Carry Forward Level Reversal			0.0	695,000	666,000	1,361,000			0	695,000	666,000	1,361,000
9. DDD Category Transfers			0.0	0	0	0	0	0	0	0	0	0
Category 1000	66.0	66.0	66.0	2,378,000	2,539,000	4,917,000	2,297,000	2,537,000	4,834,000	4,675,000	5,076,000	9,751,000
Category 2000	70.0	70.0	70.0	2,256,000	2,755,000	5,011,000	2,256,000	2,755,000	5,011,000	4,512,000	5,510,000	10,022,000
Category 8000	(136.0)	(136.0)	(136.0)	(4,634,000)	(5,294,000)	(9,928,000)	(4,553,000)	(5,292,000)	(9,845,000)	(9,187,000)	(10,586,000)	(19,773,000)
			0.0			0			0	0	0	0
040 Total	(6.0)	(6.0)	(6.0)	344,000	473,000	817,000	(370,000)	(201,000)	(571,000)	(26,000)	272,000	246,000
050 Long Term Care												
1. ISSD Compensation Adjustments			0.0	32,000		32,000	31,000		31,000	63,000	0	63,000
2. Central Service Reforms Redistribution			0.0	(173,000)	(49,000)	(222,000)	(201,000)	(60,000)	(261,000)	(374,000)	(109,000)	(483,000)
3. Auditor & Cell Phone Funding			0.0	(6,000)	(8,000)	(14,000)	(6,000)	(8,000)	(14,000)	(12,000)	(16,000)	(28,000)
4. Human Resource Consolidation	(6.0)	(6.0)	(6.0)	(219,000)	(212,000)	(431,000)	(219,000)	(212,000)	(431,000)	(438,000)	(424,000)	(862,000)
5. Carry Forward Level Reversal			0.0	44,000	29,000	73,000			0	44,000	29,000	73,000
			0.0			0			0	0	0	0
050 Total	(6.0)	(6.0)	(6.0)	(322,000)	(240,000)	(562,000)	(395,000)	(280,000)	(675,000)	(717,000)	(520,000)	(1,237,000)
060 Economic Services Administration												
1. ISSD Compensation Adjustments			0.0	202,000		202,000	193,000		193,000	395,000	0	395,000
2. Central Service Reforms Redistribution			0.0	(1,361,000)	(406,000)	(1,767,000)	(1,579,000)	(500,000)	(2,079,000)	(2,940,000)	(906,000)	(3,846,000)
3. Auditor & Cell Phone Funding			0.0	(17,000)	(25,000)	(42,000)	(17,000)	(25,000)	(42,000)	(34,000)	(50,000)	(84,000)
4. Human Resource Consolidation	(38.5)	(38.5)	(38.5)	(1,333,000)	(1,205,000)	(2,538,000)	(1,333,000)	(1,205,000)	(2,538,000)	(2,666,000)	(2,410,000)	(5,076,000)
5. Carry Forward Level Reversal			0.0	174,000	46,000	220,000			0	174,000	46,000	220,000
			0.0			0			0	0	0	0
060 Total	(38.5)	(38.5)	(38.5)	(2,335,000)	(1,590,000)	(3,925,000)	(2,736,000)	(1,730,000)	(4,466,000)	(5,071,000)	(3,320,000)	(8,391,000)
070 Alcohol and Substance Abuse												
1. ISSD Compensation Adjustments			0.0	1,000		1,000	1,000		1,000	2,000	0	2,000
2. Central Service Reforms Redistribution			0.0	(17,000)	(5,000)	(22,000)	(20,000)	(6,000)	(26,000)	(37,000)	(11,000)	(48,000)
3. Auditor & Cell Phone Funding			0.0	(1,000)		(1,000)	(1,000)		(1,000)	(2,000)	0	(2,000)
5. Carry Forward Level Reversal			0.0	3,000	1,000	4,000			0	3,000	1,000	4,000
			0.0			0			0	0	0	0
070 Total	0.0	0.0	0.0	(14,000)	(4,000)	(18,000)	(20,000)	(6,000)	(26,000)	(34,000)	(10,000)	(44,000)
100 Division of Voc. Rehabilitation												
1. ISSD Compensation Adjustments			0.0	7,000		7,000	7,000		7,000	14,000	0	14,000
2. Central Service Reforms Redistribution			0.0	(39,000)	(11,000)	(50,000)	(45,000)	(14,000)	(59,000)	(84,000)	(25,000)	(109,000)
3. Auditor & Cell Phone Funding			0.0	(1,000)	(2,000)	(3,000)	(1,000)	(2,000)	(3,000)	(2,000)	(4,000)	(6,000)
4. Human Resource Consolidation	(2.0)	(2.0)	(2.0)		(125,000)	(125,000)		(125,000)	(125,000)	0	(250,000)	(250,000)
5. Carry Forward Level Reversal			0.0	18,000		18,000			0	18,000	0	18,000
			0.0			0			0	0	0	0
100 Total	(2.0)	(2.0)	(2.0)	(15,000)	(138,000)	(153,000)	(39,000)	(141,000)	(180,000)	(54,000)	(279,000)	(333,000)
110 Administration & Supporting Services												
1. ISSD Compensation Adjustments			0.0	(333,000)		(333,000)	(320,000)		(320,000)	(653,000)	0	(653,000)
2. Central Service Reforms Redistribution			0.0	(84,000)	(28,000)	(112,000)	(96,000)	(34,000)	(130,000)	(180,000)	(62,000)	(242,000)
3. Auditor & Cell Phone Funding			0.0	76,000	75,000	151,000	76,000	75,000	151,000	152,000	150,000	302,000
4. Human Resource Consolidation	71.5	71.5	71.5	2,519,000	2,236,000	4,755,000	2,519,000	2,236,000	4,755,000	5,038,000	4,472,000	9,510,000

**2013-15 Biennial Budget
M2-9T Transfers**

Program	FTEs			FY 2014			FY 2015			2013-15 Biennium		
	FY14	FY15	Total	001-1	Other	Total	001-1	Other	Total	001-1	Other	Total
5. Carry Forward Level Reversal			0.0	21,000	5,000	26,000			0	21,000	5,000	26,000
6. Evidence Based Funding Transfer	(2.0)	(2.0)	(2.0)	(113,000)	(105,000)	(218,000)	(113,000)	(105,000)	(218,000)	(226,000)	(210,000)	(436,000)
8. Cost Allocation Funding Adjustment			0.0	(500,000)	500,000	0	(500,000)	500,000	0	(1,000,000)	1,000,000	0
			0.0			0			0	0	0	0
110 Total	69.5	69.5	69.5	1,586,000	2,683,000	4,269,000	1,586,000	2,672,000	4,238,000	3,152,000	5,355,000	8,507,000
135 Special Commitment Center												
1. ISSD Compensation Adjustments			0.0	2,000		2,000	2,000		2,000	4,000	0	4,000
2. Central Service Reforms Redistribution			0.0	(19,000)		(19,000)	(22,000)		(22,000)	(41,000)	0	(41,000)
3. Auditor & Cell Phone Funding			0.0	(4,000)		(4,000)	(4,000)		(4,000)	(8,000)	0	(8,000)
5. Carry Forward Level Reversal			0.0	93,000		93,000			0	93,000	0	93,000
7. SCC and CFS FTE Transfer	(3.7)	(3.7)	(3.7)			0			0	0	0	0
			0.0			0			0	0	0	0
135 Total	(3.7)	(3.7)	(3.7)	72,000	0	72,000	(24,000)	0	(24,000)	48,000	0	48,000
145 Payments to Other Agencies												
2. Central Service Reforms Redistribution			0.0	2,396,000	700,000	3,096,000	2,781,000	860,000	3,641,000	5,177,000	1,560,000	6,737,000
5. Carry Forward Level Reversal			0.0	(2,477,000)	(922,000)	(3,399,000)			0	(2,477,000)	(922,000)	(3,399,000)
8. Cost Allocation Funding Adjustment			0.0	500,000	(500,000)	0	500,000	(500,000)	0	1,000,000	(1,000,000)	0
			0.0			0			0	0	0	0
145 Total	0.0	0.0	0.0	419,000	(722,000)	(303,000)	3,281,000	360,000	3,641,000	3,700,000	(362,000)	3,338,000
150 Information System Services Division												
4. Human Resource Consolidation	(1.0)	(1.0)	(1.0)			0			0	0	0	0
			0.0			0			0	0	0	0
145 Total	(1.0)	(1.0)	(1.0)	0								
160 Consolidated Field Services												
7. SCC and CFS FTE Transfer	3.7	3.7	3.7			0			0	0	0	0
			0.0			0			0	0	0	0
150 Total	3.7	3.7	3.7	0								
Agency-Wide Total:	0	0	0.0	0								

NOTES:

- Information System Services Division (ISSD) compensation adjustments from Administration & Supporting Services (Admin). Item adjusts object TZ costs and carries forward into the 2015-17 biennium but there is not biennialized adjustment between years.
- Central Service Reforms savings distribution from Payment to Other Agencies (PTOA). Reduces objects E and G costs and includes ISSD's share, which reduces programs' TZ costs. Step does not required biennialization adjustment between years in the 2015-17 biennium budget.
- Internal Auditor & Cell Phone Funding. Transfers funding for from programs to Admin. Admin's share of the funding is accounted in the transfer.
- Human Resource Consolidation - transferring from programs to Admin.
- Carry Forward Level Reversal. Item reverses the biennialization of DIS rate reduction and L&I funding from step 9T in the 2013-15 CFL. The correction is only required in FY 2014 and does not biennialized between years in the 2015-17 CFL.
- Evidenced Based Funding Transfer from Admin to Children's Administration (CA) and Mental Health (MH). Funding intended for CA and MH not Admin.
- Special Commitment Center (SCC) and Consolidated Field Services (CFS) FTE Transfer. SCC received funding for McNeil Island Maintenance Operations and resident legal services transferred to the Office of Public Defense. Dollars reside in SCC but FTE authority reside in CFS.
- Cost Allocation Funding Adjustment between Admin and PTOA. Adjusts state and federal funding between programs to align with anticipated federal earnings for the TANF program.
- DDD Category Transfer - DDD is transferring FTEs and dollars from category 8000 to categories 1000 and 2000 to reflect costs incurred due to FHMC closure.

Department of Social and Health Services

DP Code/Title: M2-CN ACA Impact to DSH Funding
Program Level - 030 Mental Health

Budget Period: 2013-15 Version: C1 030 2013-15 2-YR Agency Req

Recommendation Summary Text:

The Department of Social and Health Services (DSHS), Aging and Disability Services Administration (ADSA), Division of Behavioral Health and Recovery (DBHR) requests a placeholder in the 2013-15 Biennium to a reduction in Disproportionate Share Hospital Payments (DSH) funding that will impact the state hospitals as a result of the Affordable Care Act (ACA).

Fiscal Detail:

<u>Operating Expenditures</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Overall Funding			
	<i>Program Cost</i>		
	Total Cost		

Staffing

Package Description:

With the passage of the Affordable Care Act (ACA), Section 1203 calls for a reduction in Disproportionate Share Hospital Payments (DSH) funding that will impact the state hospitals. DSH carryforward funding in the 2013-15 Biennium is approximately \$63 million for Western State Hospital (WSH) and Eastern State Hospital (ESH). DBHR requests backfill of funding with GF-State dollars. This reduction will begin in FFY 2014, but how this will be allocated among the states is currently unknown. The Secretary of the US Department of Health & Human Services shall reduce payments to States under section 1903(a) for each calendar quarter in the fiscal year in an amount equal to 1/4 of the DSH allotment reduction for each state for the fiscal year. The aggregate reductions in DSH allotments for all States will be \$500 million in FFY 2014 and \$600 million in FFY 2015.

Agency Contact: Debbie Schaub (360) 902-8177
Program Contact: Kelly Sawka (360) 725-2055

Narrative Justification and Impact Statement

What specific performance outcomes does the agency expect?

Funding will remain at current levels and will be adequate to maintain services to clients.

Performance Measure Detail

Agency Level

Activity: C063 Mental Health Facilities Services

No measures linked to package

Incremental Changes	
<u>FY 1</u>	<u>FY 2</u>
0.00	0.00

Is this decision package essential to implement a strategy identified in the agency's strategic plan?

This request supports the following goals identified in the DSHS 2013-2015 Strategic Plan:

- Goal 1 Improve the health status of vulnerable populations
- Goal 3 Improve individual and public safety

Does this decision package provide essential support to one of the Governor's priorities?

Department of Social and Health Services

DP Code/Title: M2-CN ACA Impact to DSH Funding
Program Level - 030 Mental Health

Budget Period: 2013-15 Version: C1 030 2013-15 2-YR Agency Req

This package supports the Governor's priority of strengthening Washington families by protecting and providing for those who can't care for themselves.

Does this decision package make key contributions to statewide results? Would it rate as a high priority in the Priorities of Government process?

This decision package rates as a high priority in the Priorities of Government (POG) process for the 2013-15 Budget development under the strategy:

Improve the health of Washingtonians

--Provide institutional-based and outpatient mental health services

What are the other important connections or impacts related to this proposal?

None

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

None

What are the consequences of not funding this package?

A drop in funding for the state hospitals of this size would greatly reduce the number of patients admitted and would create longer waiting lists for admission.

What is the relationship, if any, to the state's capital budget?

None

What changes would be required to existing statutes, rules, or contracts, in order to implement the change?

None

Expenditure and revenue calculations and assumptions

The DSH carryforward level is \$63,336,000 each fiscal year of the 2013-15 Biennium.

Which costs and functions are one-time? Which are ongoing? What are the budget impacts in future biennia?

All costs would be ongoing.

Object Detail

FY 1

FY 2

Total

Overall Funding

Program Totals

Department of Social and Health Services

DP Code/Title: M2-CN ACA Impact to DSH Funding

Program Level - 030 Mental Health

Budget Period: 2013-15 Version: C1 030 2013-15 2-YR Agency Req

DSHS Source Code Detail

Overall Funding	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Fund ,			
<u>Sources Title</u>			

Total for Fund

Total Overall Funding

Totals for all funds

Department of Social and Health Services

DP Code/Title: M2-CP PC Replacement
Program Level - 030 Mental Health

Budget Period: 2013-15 Version: C1 030 2013-15 2-YR Agency Req

Recommendation Summary Text:

The Department of Social and Health Services (DSHS), Aging and Disabilities Services Administration (ADSA), Division of Behavioral Health and Recovery (DBHR), requests \$231,000 GF-State, in the 2013-15 Biennium to replace Information Technology (IT) equipment that is beyond its useful life at Western and Eastern State Hospitals.

Fiscal Detail:

Operating Expenditures

Program 030

001-1 General Fund - Basic Account-State

	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
	77,000	154,000	231,000
Total Cost	77,000	154,000	231,000

Staffing

Package Description:

This request is to fund the replacement of personal computers (PC) for state hospital staff. The PC equipment currently being utilized by the state hospitals is approximately four to seven years old and is considered past its useful life per Policy 30.50.10.a in the State Administrative and Accounting Manual (SAAM), which considers IT equipment to have a useful life of four years. Financing will be through a Department of Enterprise Services (DES) operational lease, with repayment of the funds spanning over a four-year period.

IT is a critical tool for conducting hospital business. The state hospitals now have over 500 PCs that must be replaced by April 2014, when Microsoft will no longer provide fixes, security patches, and updates or technical assistance for current operating system, Windows XP. Upgrading current PCs would cost more than replacing due to parts costs (RAM, Hard Drives, CPU) and state IT Technicians time to replace and upgrade models so they can run the Windows 7 operating system.

Agency Contact: Debbie Schaub (360) 902-8177
Program Contact: Kelly Sawka (360) 725-2055

Narrative Justification and Impact Statement

What specific performance outcomes does the agency expect?

This replacement plan supports the DSHS 2013-2015 IT Strategic Plan by providing equipment that is in compliance with the Shared Services Model as directed by the Governor, which includes Shared Desktop Support. State agency leasing strategies help reduce technology costs of desktop PCs by 10 to 15 percent and help agencies replace old and obsolete equipment.

Strategies Include:

- Predictable monthly expenses.
- Warranty service through manufacturer versus costly repairs done by local technology staff.
- Allowing technology updates and meeting agency and enterprise security standards.
- Reduced risk of compatibility issues with business partners and other DSHS programs.
- Cost effective, secure end-of-life disposal by redistributing end-of-lease computers to state of Washington Schools via the Computers for Kids program.

Performance Measure Detail

Program: 030

Department of Social and Health Services

DP Code/Title: M2-CP PC Replacement
Program Level - 030 Mental Health

Budget Period: 2013-15 Version: C1 030 2013-15 2-YR Agency Req

Activity: C063 Mental Health Facilities Services
No measures linked to package

Incremental Changes	
<u>FY 1</u>	<u>FY 2</u>
0.00	0.00

Is this decision package essential to implement a strategy identified in the agency's strategic plan?

This request supports the following goals identified in the DSHS 2013-2015 Strategic Plan:

--Goal 5 Increase public trust through strong management practices that ensure quality and leverage all resources

Does this decision package provide essential support to one of the Governor's priorities?

This package supports the Governor's priority of holding government accountable by focusing on performance and investing our resources to get the greatest possible return.

Does this decision package make key contributions to statewide results? Would it rate as a high priority in the Priorities of Government process?

This decision package rates as a high priority in the Priorities of Government (POG) process for the 2013-15 Budget development under the strategy:

State government must achieve results through efficient and effective performance
--Provide and support quality human resources for the work of government agencies
--Deliver the efficient use of financial resources to provide public services

What are the other important connections or impacts related to this proposal?

None

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

The only alternative would be to continue to use failing and out of date computer equipment.

What are the consequences of not funding this package?

Support costs are estimated to comprise 80 percent of the computer environment costs and age and reliability of technology tends to reduce the need for user support and maximize productivity due to lower rates of down-time. Not replacing the requested equipment would increase down-time and lower staff productivity. SCC would not operate on a supported operating system and would not be able use Shared e-mail, Enterprise Vault, and other mandated applications across the agency.

What is the relationship, if any, to the state's capital budget?

None

What changes would be required to existing statutes, rules, or contracts, in order to implement the change?

None

Expenditure and revenue calculations and assumptions

See attachment: DBHR M2-CP PC Replacement.xlsx.

Which costs and functions are one-time? Which are ongoing? What are the budget impacts in future biennia?

State of Washington
Decision Package
Department of Social and Health Services

DP Code/Title: M2-CP PC Replacement
Program Level - 030 Mental Health

Budget Period: 2013-15 Version: C1 030 2013-15 2-YR Agency Req

All cost are ongoing and will carry forward into future biennia.

<u>Object Detail</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Program 030 Objects			
J Capital Outlays	77,000	154,000	231,000

DSHS Source Code Detail

Program 030	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Fund 001-1, General Fund - Basic Account-State			
<u>Sources</u> <u>Title</u>			
0011 General Fund State	77,000	154,000	231,000
<i>Total for Fund 001-1</i>	77,000	154,000	231,000
Total Program 030	77,000	154,000	231,000

**2013-15 Biennial Budget
M2-CP PC Replacement**

# of PC's	Supplemental		2013-15 Biennium		2015-17 Biennium	
	FY 2013	FY 2014	FY 2014	FY 2015	FY 2016	FY 2017
Western	336	168	168	168		
Eastern	200	100	100	100		
	536	0	268	268	0	0

COP Lease @ 48 months¹ \$289 Per year for 4 Years

Purchase in FY 2013	0	0	0	0
Purchase in FY 2014		77,000	77,000	77,000
Purchase in FY 2015			77,000	77,000
	0	77,000	154,000	154,000

Total for 2013 Supplemental	0
Total for 2013-15 Biennium	231,000
Total for 2015-17 Biennium	308,000

	FY 2014	FY 2015	Total
Western	48,000	96,000	144,000
Eastern	29,000	58,000	87,000
Total	77,000	154,000	231,000

Note:

1) COP Lease Quotation provided by the Department of Enterprise Services 08/13/2012

Department of Social and Health Services

DP Code/Title: M2-CT ITA - 2SHB 3076 Laws of 2010

Program Level - 030 Mental Health

Budget Period: 2013-15 Version: C1 030 2013-15 2-YR Agency Req

Recommendation Summary Text:

The Department of Social and Health Services (DSHS), Aging and Disability Services Administration (ADSA), Division of Behavioral Health and Recovery (DBHR), requests 20.5 FTEs and \$11,218,000 Total Funds, \$7,520,000 GF-State, to implement Second Substitute House Bill (2SHB) 3076 passed in the 2010 Legislative Session.

Fiscal Detail:

Operating Expenditures

	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Program 030			
001-1 General Fund - Basic Account-State	0	7,520,000	7,520,000
001-7 General Fund - Basic Account-Private/Local	0	412,000	412,000
001-C General Fund - Basic Account-Medicaid Federal	0	3,286,000	3,286,000
Total Cost	0	11,218,000	11,218,000

Staffing

	<u>FY 1</u>	<u>FY 2</u>	<u>Annual Avg</u>
Program 030 FTEs	0.0	40.9	20.5

Package Description:

The department requires additional resources to implement changes made to RCW 71.05, Mental Illness, in the 2010 Legislative Session. These changes broaden the criteria for involuntary commitment under the state's Involuntary Treatment Act (ITA). These changes are to take place by July 1, 2015.

A preliminary report published in July 2011 by the Washington State Institute for Public Policy (WSIPP) indicated that full implementation of this law change would significantly increase the number of civil commitments, usage of community beds, and workload of Designated Mental Health Professionals (DHMP). WSIPP estimates the need for:

- 23 to 54 additional beds in the community for adult short-term evaluations and treatment (E&T);
- 26 to 123 additional inpatient psychiatric beds at either community or state hospitals; and
- 162 to 352 additional 90-day commitment admissions per year at state psychiatric hospitals.

Based on the analysis provided by WSIPP, the total estimated cost for the additional beds and associated staffing is \$11,218,000. This allows for the Department to develop the bed capacity and to develop and train staff to the revised ITA protocols over a six month period prior to the legislated implementation date.

Agency Contact: Debbie Schaub (360) 902-8177

Program Contact: Kelly Sawka (360) 725-2055

Narrative Justification and Impact Statement

What specific performance outcomes does the agency expect?

Legislation broadened the criteria for involuntary commitment under ITA. However, the impact of the legislation is the significant cost in the 2013-15 Biennium for the additional resources necessary for the July 1, 2015, implementation.

This decision package provides the resources for patient placement for involuntary detentions and prevent caring for involuntarily detained patients in local emergency rooms, hospitals, and E&T's. Additionally, this funding would provide the necessary resources to adopt and train to the revised ITA protocols. Training would be made available prior to the July 2015

Department of Social and Health Services

DP Code/Title: M2-CT ITA - 2SHB 3076 Laws of 2010

Program Level - 030 Mental Health

Budget Period: 2013-15 Version: C1 030 2013-15 2-YR Agency Req

implementation date to DMHP's, E&T facility and hospital staff, court personnel, and county prosecutors.

Performance Measure Detail

Program: 030

Activity: C017 Community Mental Health Prepaid Health Services

Incremental Changes	
<u>FY 1</u>	<u>FY 2</u>

Outcome Measures

001095	Community - Prepaid Health Services	0.00%	0.00%
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Is this decision package essential to implement a strategy identified in the agency's strategic plan?

This request supports the following goals identified in the DSHS 2013-2015 Strategic Plan:

- Goal 3 Improve individual and public safety
- Goal 5 Increase public trust through strong management practices that ensure quality and leverage all resources

Does this decision package provide essential support to one of the Governor's priorities?

This package supports the Governor's priority of access to high-quality, affordable health care for all Washingtonians.

Does this decision package make key contributions to statewide results? Would it rate as a high priority in the Priorities of Government process?

This decision package rates as a high priority in the Priorities of Government (POG) process for the 2013-15 Budget development under the strategy to provide access to quality health care.

Improve the health of Washingtonians

- Provide institutional-based and outpatient mental health services
- Ensure efficiency, performance, and accountability to clients and the public

What are the other important connections or impacts related to this proposal?

2SHB 3076 was originally passed in the 2010 Legislative Session and originated as request legislation submitted by the Governor. A preliminary study by the WSIPP in July 2011 determined that implementation of the expanded ITA requirements would require additional community and state hospital bed capacity. Additional state hospital beds require FTEs to staff the wards.

The initial legislation had an implementation date of July 2012. The implementation date was delayed until July 2015.

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

Implementation of 2SHB 3076 was delayed until July 2015 allowing the department to take advantage of funding provisions of the Accountable Care Act and to better plan for the impact of the law on involuntary treatment resources.

The preliminary findings of the WSIPP study were released in July 2011, and showed the department the significant cost of implementing the requirements of 2SHB 3076. Implementation of expanded ITA criteria, as currently required in the legislation, creates additional demand for community and state hospital inpatient psychiatric beds in the 2013-15 Biennium.

What are the consequences of not funding this package?

Without this additional funding, involuntary detentions will increase without the additional resources for placement. This will exacerbate the existing problems with "boarding" involuntarily detained patients in emergency rooms without mental health resources and put more pressure on the state and community hospitals and evaluation and treatment facilities. Without

Department of Social and Health Services

DP Code/Title: M2-CT ITA - 2SHB 3076 Laws of 2010

Program Level - 030 Mental Health

Budget Period: 2013-15 Version: C1 030 2013-15 2-YR Agency Req

the resources to accomplish implementation, the department will be in a vulnerable position after July 1, 2015, when the legislation takes effect.

What is the relationship, if any, to the state's capital budget?

None

What changes would be required to existing statutes, rules, or contracts, in order to implement the change?

The department would need to make changes to Regional Support Network (RSN) contracts to add incentive funding to increase community capacity. The DMHP Protocols will need to be amended.

Expenditure and revenue calculations and assumptions

See attachment: DBHR M2-CT ITA 2SHB3076 Laws of 2010.xlsx.

Which costs and functions are one-time? Which are ongoing? What are the budget impacts in future biennia?

The RSN incentive funding is one-time only. The bed and FTE costs would be ongoing.

<u>Object Detail</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Program 030 Objects			
A Salaries And Wages	0	2,869,000	2,869,000
B Employee Benefits	0	391,000	391,000
N Grants, Benefits & Client Services	0	7,958,000	7,958,000
Total Objects	0	11,218,000	11,218,000

DSHS Source Code Detail

<u>Program 030</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Fund 001-1, General Fund - Basic Account-State			
<u>Sources Title</u>			
0011 General Fund State	0	7,520,000	7,520,000
<i>Total for Fund 001-1</i>	0	7,520,000	7,520,000
Fund 001-7, General Fund - Basic Account-Private/Local			
<u>Sources Title</u>			
5417 Contributions & Grants	0	412,000	412,000
<i>Total for Fund 001-7</i>	0	412,000	412,000
Fund 001-C, General Fund - Basic Account-Medicaid Federal			
<u>Sources Title</u>			
19TA Title XIX Assistance (FMAP)	0	3,286,000	3,286,000
<i>Total for Fund 001-C</i>	0	3,286,000	3,286,000
Total Program 030	0	11,218,000	11,218,000

**2013-15 Biennial Budget
M2-CT ITA - 2SHB 3076 Laws of 2010**

1. Cost of Beds

Additional bed capacity in the community per WSIPP report, Page 1, July 2011:

- 1) Between 23 and 54 new adult beds at short-term E&T facilities
- 2) An additional 26 to 123 inpatient psychiatric beds at community or state hospitals

A.

Beds	Setting	Rate	Days	Annual Cost
23	Residential (E&T)	600	365	5,037,000
26	Hospital	1,000	365	9,490,000

Methodology and Assumptions:

- 1) Rate = E&T: \$600/bed day rate, average rounded cost.
- 2) Rate = Hospital: Average, rounded cost (up to \$1,600/day)
- 3) Calculation uses **low-end** of needed beds.

B.

Beds	Setting	Rate	Days	Annual Cost
54	Residential (E&T)	600	365	11,826,000
75	Hospital	1,000	365	27,375,000

Methodology and Assumptions:

- 1) Rate = E&T: \$600/bed day rate, average rounded cost.
- 2) Rate = Hospital: Average, rounded cost (up to \$1,600/day)
- 3) Calculation uses **mid (Hospital) - to high-end (Residential)** of needed beds.

C.

Beds	Setting	Rate	Days	Annual Cost
49	Residential (E&T)	600	365	10,731,000

Methodology and Assumptions:

- 1) All addition bed capacity is residential beds.
- 1) Rate = E&T: \$600/bed day rate, average rounded cost.
- 2) Calculation uses **low-end** of needed beds.

2. Incentive to RSNs to establish bed capacity (2011-13 Increase Community Capacity DP)

Request	FY 1	FY 2
1 FTE (Program Manager)		113,000
48 Beds		5,184,000
Total Incentive Funding	0	5,297,000

Methodology and Assumptions:

- 1) In order to create the additional 49 beds, the assumption requests funding for residential beds.
- 2) One E&T facility = 16 beds; this assumption will fund 3 facilities (48 beds) for 180 days.

3. Additional bed capacity at the state hospitals per WSIPP report, page 16, July 2011:

	FTEs	GF-State	Total Funds
1 Ward	40.4	1,805,597	3,201,981
2 Wards	80.8	3,611,194	6,403,962
3 Wards	121.2	5,416,791	9,605,943

Methodology and Assumptions:

- 1) 163 to 352 admissions per year, per WSIPP report, page 16, July 2011
- 2) Assumption for this calculation is a 6 month stay; 81 to 176 admissions.
- 3) One ward = 30 patients; approximately 3 wards will need to be opened.
- 4) Ward costs assumed from costs provides by WSH for budget exercise.

4. Annual Cost to Implement HB 3076:

Type of Cost	GF-S	Medicaid (FMAP 50/50)		Other	Total
	Only	GF-S	GF-F	(F/L)	
Residential (E&T) Beds	1,609,650	4,560,675	4,560,675		10,731,000
Incentive to RSNs	5,184,000	73,450	39,550		5,297,000
2 Wards	3,611,194			2,792,768	6,403,962
Total	10,404,844	4,634,125	4,600,225	2,792,768	22,431,962

FY 2015 (six months of costs)

	FTE	GF-State	GF-F	GF-L	Total
1000/G75		5,677,000	2,281,000	0	7,958,000
2000/G92	40.4	1,806,000	985,000	412,000	3,203,000
9000/G70	0.5	37,000	20,000	0	57,000
Total	40.9	7,520,000	3,286,000	412,000	11,218,000

Ongoing Fiscal Years

	FTE	GF-State	GF-F	GF-L	Total
1000/G75		6,170,000	4,561,000	0	10,731,000
2000/G92	80.8	3,611,000	1,969,000	824,000	6,404,000
9000/G70	1.0	73,000	40,000	0	113,000
Total	81.8	9,854,000	6,570,000	824,000	17,248,000

To open a ward at the state hospital, 40.4 FTE are required per ward. These FTEs consist of physicians, psychiatrists, registered nurses, rehabilitation staff, social workers, counselors, occupational therapists, licensed practical nurses, mental health technicians, psychologists, and clerical and administrative staff. There are also support staff of dietitians, food service staff and custodians associated with each ward.

Department of Social and Health Services

DP Code/Title: M2-CU MH Firearm Background Checks
Program Level - 030 Mental Health

Budget Period: 2013-15 Version: C1 030 2013-15 2-YR Agency Req

Recommendation Summary Text:

The Department of Social and Health Services (DSHS), Aging and Disability Services Administration (ADSA), Division of Behavioral Health and Recovery (DBHR) requests 2.0 FTEs and \$285,000 Total Funds, \$185,000 GF-State, in the 2013-15 Biennium to provide timely processing of the estimated 234,000 annual background checks as required by RCW 9.41.070 and RCW 71.05.

Fiscal Detail:

Operating Expenditures

Program 030

	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
001-1 General Fund - Basic Account-State	97,000	88,000	185,000
001-C General Fund - Basic Account-Medicaid Federal	53,000	47,000	100,000
Total Cost	150,000	135,000	285,000

Staffing

	<u>FY 1</u>	<u>FY 2</u>	<u>Annual Avg</u>
Program 030 FTEs	2.0	2.0	2.0

Package Description:

RCW 9.41 requires state law enforcement agencies (LEA) to obtain a mental health background check (MHBC) from DBHR for those individuals applying for a concealed pistol license (CPL) or firearm transfer/purchase. More than half of the received requests are for the purchase/transfer of a firearm. The enabling statute for firearm purchases allows LEAs five business days to respond. Failure for the LEA to respond within five days will not delay the delivery of the firearm. The department's timeframes for responding to LEAs needs to be shorter than the five days in order to maximize usefulness for LEAs.

A recent review by the Washington State Patrol (WSP) determined many LEAs did not request MHBCs from the department. WSP initiated a corrective action process to ensure that all LEAs comply with the MHBC requirement. This corrective action significantly increased the number of MHBC requests. Prior to the WSP review, the department handled approximately 250 MHBC requests per week, or 1,000 per month. The department now receives approximately 4,000 requests per week, or 16,000 per month. This workload could be as much as 19,500 per month based on the number of CPLs and gun transfers reported by the Department of Licensing (DOL).

This significantly expanded workload far exceeds available staffing to process these applications. Processing the requests requires responding to numerous phone inquiries, conducting the actual MHBC, contacting the WSP as necessary, sending out responses, and working with the department's Information Technology staff to manage the DSHS database.

The department currently employs 2.0 FTEs, and previously used ad hoc assistance to process the increased workload. Due to recent budget reductions, this assistance is no longer available. The department requires the additional 2 FTEs at the Administrative Assistant 2 level to handle this significant workload increase. LEAs need the department to fulfill the MHBC within the 5 day time requirements. Failure to respond with the 5 day time requirements might impact the transfer/purchase of a firearm to an individual with a mental health background which could lead to serious public safety issues.

Agency Contact: Debbie Schaub (360) 902-8177

Program Contact: Kelly Sawka (360) 725-2055

Narrative Justification and Impact Statement

What specific performance outcomes does the agency expect?

Department of Social and Health Services

DP Code/Title: M2-CU MH Firearm Background Checks
Program Level - 030 Mental Health

Budget Period: 2013-15 Version: C1 030 2013-15 2-YR Agency Req

The department will obtain sufficient dedicated staff to process firearm application MHBC's as requested by LEAs within the required 5 day timeframe. Failure to meet this requirement reduces the value and impact of the information for the LEA.

Performance Measure Detail

Program: 030

Activity: C900 Program Support - Mental Health

No measures linked to package

Incremental Changes	
<u>FY 1</u>	<u>FY 2</u>
0.00	0.00

Is this decision package essential to implement a strategy identified in the agency's strategic plan?

This request supports the following goals identified in the DSHS 2013-2015 Strategic Plan:

- Goal 3 Improve individual and public safety.
- Goal 5 Increase public trust through strong management practices that ensure quality and leverage all resources.

Does this decision package provide essential support to one of the Governor's priorities?

This package supports the Governor's priorities to provide for the safety of people and property.

Processing MHBC within the required 5 days aids LEAs in the prevention of crime.

Does this decision package make key contributions to statewide results? Would it rate as a high priority in the Priorities of Government process?

This decision package rates as a high priority in the Priorities of Government (POG) process for the 2013-15 budget development under the strategy to ensure efficiency, performance, and accountability to the public.

By conducting mental health background checks in a timely manner, the department provides the law enforcement community with the information that may assist LEAs in determining whether or not to allow the transfer/purchase of a firearm.

What are the other important connections or impacts related to this proposal?

None

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

Only increased staffing can properly address the workload needed to process 234,000 annual MHBCs.

What are the consequences of not funding this package?

Lack of funding will delay the department's ability to provide LEAs with MHBCs within the 5 day timeframe.

What is the relationship, if any, to the state's capital budget?

None

What changes would be required to existing statutes, rules, or contracts, in order to implement the change?

None

Department of Social and Health Services

DP Code/Title: M2-CU MH Firearm Background Checks

Program Level - 030 Mental Health

Budget Period: 2013-15 Version: C1 030 2013-15 2-YR Agency Req

Expenditure and revenue calculations and assumptions

The department's request assumes each background check will require an average of one and a half to two minutes in processing time. At this rate, 409,500 minutes per year would be required in order to process the estimated 234,000 MHBCs per year.

Assuming each person has one and a half to two minutes, we need 2.0 staff in addition to the 2.0 staff dedicated to this activity.

See attachment: DBHR M2-CU MH Firearm Background Checks.xlsx.

Which costs and functions are one-time? Which are ongoing? What are the budget impacts in future biennia?

The FTEs and costs are on-going.

<u>Object Detail</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Program 030 Objects			
A Salaries And Wages	71,000	71,000	142,000
B Employee Benefits	33,000	31,000	64,000
E Goods And Services	28,000	28,000	56,000
J Capital Outlays	16,000	3,000	19,000
T Intra-Agency Reimbursements	2,000	2,000	4,000
Total Objects	150,000	135,000	285,000

DSHS Source Code Detail

Program 030	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Fund 001-1, General Fund - Basic Account-State			
<u>Sources Title</u>			
0011 General Fund State	97,000	88,000	185,000
<i>Total for Fund 001-1</i>	97,000	88,000	185,000
Fund 001-C, General Fund - Basic Account-Medicaid Federal			
<u>Sources Title</u>			
19UL Title XIX Admin (50%)	53,000	47,000	100,000
<i>Total for Fund 001-C</i>	53,000	47,000	100,000
Total Program 030	150,000	135,000	285,000

**2013-15 Biennium Budget
M2-CU MH Firearm Background Checks**

		FY 2014	FY 2015	Total Biennium
FTEs	Administrative Assistant 2 (Range 35 Step J)	2.0	2.0	2.0
Objects Summary				
A	Salaries	71,000	71,000	142,000
B	Benefits	33,000	31,000	64,000
E	Goods & Services	28,000	28,000	56,000
J	Equipment	16,000	3,000	19,000
T	ISSD:TZ	2,000	2,000	4,000
Total Objects		150,000	135,000	285,000

		FY 2014	FY 2015	Total Biennium
Funds Summary				
001-1/0011	0.65	97,000	88,000	185,000
001-C/19UL	0.35	53,000	47,000	100,000
Total Funds		150,000	135,000	285,000

An employee works 124,800 minutes per year (2080 annual work hours x 60 minutes). If the estimated 409,500 minute workload is divided by the 124,800 minutes each employee works, completing background check would require 3.78 FTE. There are currently 2 FTE to process background checks, one also processes Public Disclosure request approximately half-time. To allow for sufficient staffing this request if for 2 full FTEs.

Department of Social and Health Services

DP Code/Title: M2-CW Essential Equipment
Program Level - 030 Mental Health

Budget Period: 2013-15 Version: C1 030 2013-15 2-YR Agency Req

Recommendation Summary Text:

The Department of Social and Health Services (DSHS) requests \$1,303,000 GF-State in the 2013-15 Biennium for the replacement of equipment that is critical in the support of the health, safety, and security of residents and staff at the department's institutional programs.

Fiscal Detail:

<u>Operating Expenditures</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Program 030			
001-1 General Fund - Basic Account-State	907,000	396,000	1,303,000
Total Cost	907,000	396,000	1,303,000

Staffing

Package Description:

Mental Health

Funding is requested for the replacement of essential equipment at Western State Hospital (WSH) and Eastern State Hospital (ESH) to support the health, safety, and security of residents and staff. The equipment to be replaced includes direct care items that exceed reasonable life spans and are necessary for the safe, secure, and effective operation of these inpatient facilities.

WSH and ESH provide patient evaluation, mental health therapy, medical treatment (including radiology, dental, pharmacy, and laboratory), physical, speech and occupational therapies, and appropriate levels of supportive physical care. The hospitals operate 24-hours-a-day, seven-days-a-week with a current capacity of 1,350 beds. Typically, the facilities operate at capacity most of the year. Approximately 30,000 patients are treated annually at these facilities. The kitchens at the facilities prepare and deliver to the wards approximately 4,500 meals and the laundry cleans nearly 10,000 pounds of bedding, towels, and clothing each day.

Some of the most behaviorally complex people in Washington State receive inpatient treatment at the state hospitals. Their physical safety, treatment, and public safety depend on competent, professional care and up-to-date, functional equipment.

WSH and the Child Study and Treatment Center (CSTC) are sited together on 80 acres, with 55 buildings containing 1.3 million square feet of floor space. The ESH facility consists of 46 buildings with 1 million square feet of floor space on nearly 1,800 acres. The size, intensive use, 24-hour operation, and age of these facilities contribute to the diverse equipment needs of these institutions.

On November 1, 2011, DSHS implemented the consolidation of maintenance and campus support activities common to all hospitals, residential facilities, and institutions in western Washington and at the two campuses in Medical Lake. The Consolidated Maintenance and Operations (CMO) requests necessary equipment to provide maintenance, repair, and operations support (laundry, transportation, water and sewer treatment) to support the health, safety, and security of clients and staff.

Agency Contact: Debbie Schaub (360) 902-8177
Program Contact: Kelly Sawka (360) 725-2055

Narrative Justification and Impact Statement

What specific performance outcomes does the agency expect?

Funding this request will strengthen the foundation for the current continuum of care and access to client services at the department's institutions. Appropriate safe, up-to-date, and functional equipment supports and provides for a healthy, safe,

Department of Social and Health Services

DP Code/Title: M2-CW Essential Equipment
Program Level - 030 Mental Health

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and secure facilities and campuses.

Performance Measure Detail

Program: 030

Activity: C063 Mental Health Facilities Services

No measures linked to package

Incremental Changes

FY 1

FY 2

0.00

0.00

Is this decision package essential to implement a strategy identified in the agency's strategic plan?

This request supports the following goals identified in the DSHS 2013-2015 Strategic Plan:

- Goal 1 Improve the health status of vulnerable populations
- Goal 3 Improve individual and public safety

The majority of the equipment is now beyond its useful life and requires replacement to avoid jeopardizing the health and safety for both clients and staff. Maintenance of this equipment can be expensive and over time it becomes irreparable. There is a connection between client care and the essential infrastructure required to ensure health and safety.

Does this decision package provide essential support to one of the Governor's priorities?

This package supports the Governor's priority of holding government accountable by focusing on performance and investing our resources to get the greatest possible return.

Does this decision package make key contributions to statewide results? Would it rate as a high priority in the Priorities of Government process?

This decision package rates as a high priority in the Priorities of Government (POG) process for the 2013-15 Budget development under the strategy:

- State government must achieve results through efficient and effective performance
- Deliver the efficient use of financial resources to provide public services
- Ensure efficiency, performance, and accountability to the public

What are the other important connections or impacts related to this proposal?

With limited equipment budgets and other operating costs, the department has been unable to purchase needed equipment. Maintenance of this equipment is expensive and over time has become a maintenance challenge. It is essential that safe, functional equipment be provided to the department employees for use in accomplishing assigned tasks.

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

Repairing equipment, when practical, is an option, but is not always feasible. This alternative was chosen because it provides funding for immediate replacement of necessary equipment.

What are the consequences of not funding this package?

Failure to provide funding for the replacement of medical, information technology, and safety equipment necessary to sustain the health and safety of clients and staff presents a risk to program operations. Insufficient funding for vehicle replacement and facility maintenance exposes clients and staff to roadside mishaps and expensive facility repairs.

What is the relationship, if any, to the state's capital budget?

Department of Social and Health Services

DP Code/Title: M2-CW Essential Equipment
Program Level - 030 Mental Health

Budget Period: 2013-15 Version: C1 030 2013-15 2-YR Agency Req

None

What changes would be required to existing statutes, rules, or contracts, in order to implement the change?

None

Expenditure and revenue calculations and assumptions

See attachments: Essential Equipment - Agency Overview; DBHR M2 - CW Essential Equipment.xlsx ESH; DBHR M2 - CW Essential Equipment.xlsx WSH; CMO M2-CW Essential Equipment.xlsx WSH; and CMO M2-CW Essential Equipment.xlsx CSS.

Which costs and functions are one-time? Which are ongoing? What are the budget impacts in future biennia?

Equipment purchasing is an ongoing necessity at the departments institutions.

<u>Object Detail</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Program 030 Objects			
J Capital Outlays	907,000	396,000	1,303,000

DSHS Source Code Detail

Program 030		<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Fund 001-1, General Fund - Basic Account-State				
<u>Sources</u>	<u>Title</u>			
0011	General Fund State	907,000	396,000	1,303,000
<i>Total for Fund 001-1</i>		907,000	396,000	1,303,000
Total Program 030		907,000	396,000	1,303,000

2013-15 Biennium Essential Equipment - Agency Overview

Program	Program Request		CMO Request		Carry Forward		Total Request	
	FY 2014	FY 2015	FY 2014	FY 2015	FY 2014	FY 2015	FY 2014	FY 2015
Juvenile Rehabilitation ¹								
Echo Glen	30,000	30,000	5,000	5,000	35,000	35,000	0	0
Green Hill	119,000	130,000	5,000	5,000	124,000	135,000	0	0
Naselle	43,000	52,000	38,000	29,000	81,000	81,000	0	0
Request for JR					0	0	0	0
Mental Health								
Eastern State	477,000	271,000	37,000	23,000	113,000	147,000	401,000	147,000
Western State	1,087,000	761,000	146,000	177,000	727,000	689,000	506,000	249,000
Child Study ²	15,000	11,000	0	0	15,000	11,000	0	0
Request for MH							907,000	396,000
Development Disabilities								
Fircrest	1,556,000	1,558,000	11,000	10,000	1,052,000	1,022,000	504,000	536,000
Rainier School			91,000	45,000			11,000	10,000
Lakeland Village			44,000	112,000			91,000	45,000
Yakima Valley			0	0			44,000	112,000
Request For DD							0	0
							650,000	703,000
Special Commitment								
Pierce SCTF	72,000	52,000	0	0	12,000	12,000	60,000	40,000
King SCTF	26,000	26,000	0	0	26,000	26,000	0	0
Main Secure Facility ³	120,000	120,000	125,000	124,000	120,000	120,000	125,000	124,000
Request for SCC							185,000	164,000
Biennium Totals	3,545,000	3,011,000	502,000	530,000	2,305,000	2,278,000	1,742,000	1,263,000
		6,556,000		1,032,000		4,583,000		3,005,000

Notes:

- 1) JRA has sufficient funding in Carry Forward for equipment purchases in the 2013-15 Biennium.
- 2) CSTC has sufficient funding in Carry Forward for equipment purchases in the 2013-15 Biennium.
- 3) SCC has sufficient funding in Carry Forward for program purchases, no equipment funding was provided for replacing equipment inherited when DOC left McNeil Island.

2013-15 Biennium
M2- CW Essential Equipment

Item	Quantity	FY1	FY2	Total Biennium	Medical/Mental Health Treatment	Patient Resident Safety	Community Safety	Technological Infrastructure	Furnishings	Active Treatment	Maintenance	Useful Life	Purpose of Equipment/Added Value & issue if not available
Medical/Mental Health Treatment													
High/low beds	2,000	27,000	27,000	54,000	x	x						5	Electrical beds for GPU patients that need to be adjustable for patient safety and fall prevention and to meet Safe Patient Handling legislation.
Therapeutic Chairs	1,550	17,825	17,825	35,650	x	x						5	Chairs especially designed for the gerophychiatric population. Replace existing equipment; parts no longer available-patient safety
Digital Scale w/ Wall Mount Weight Display	600	1,800	1,800	3,600	x	x						5	Geropsych patient fall protection and safety monitoring.
Bed Alarms	150	3,750	3,750	7,500	x	x						2	Patient health management and medical needs
IV Pumps	1,800	1,800	1,800	3,600	x	x						5	Currently, wards share a set, but with aging population more equipment is needed. Safe Patient Handling Legislation.
Portable Sling Lift & Sit-to-Stand	7,500	15,000	15,000	15,000	x	x						10	To provide handicap accessible theatriptic tubs to patient care/treatment on APU/FSU not currently available to these wards.
Adjustable Height Therapeutic Tub (FSU/APU wards)	15,000		30,000	30,000	x							15	Medical staff, SW staff, dieticians and rehab staff to transcribe medical history, admission, discharge treatment plans. Add or replace existing transcribers.
Transcribers with tapes or digital	400	53	10,600	21,200	x				x			5	Machine used to sterilize medical equipment and instruments for patient safety; compliance with regulations. Small, table-top unit for replacement of existing, inoperable industrial (large) sterilizer.
Sterilizer/autoclave & printer	5,000	1	5,000	5,000	x	x						5	Replace old exam tables that are not adjustable. "Safe Patient Handling"
Adjustable Exam Table	5,000	7	17,500	35,000	x	x						15	Transporting patients, wheel chair patient's use and patient safety-replacement of unrepairable chairs.
Wheel chairs	2,500	10	12,500	25,000	x							10	Patient medical/pharmaceutical and treatment needs & general patient use (smaller units).
Ice machines for wards	1,000	5	3,600	6,000	x	x						10	Lab equipment; analyze lab specimens
Microscope	6,000	1	6,000	6,000	x								
Grand total Medical/Mental Health Treatment -		122,375	125,175	247,550									
Medical Diagnosis & Monitoring													
Hematology analyzer	47,000	1	47,000	47,000	x	x						6	Automated cell counter for RBC & WBC determinations to replace aging ACT5 Diff equipment.
Pulse oximeters	300	15	3,000	4,500	x	x						4	Medical equip measure oxygen in blood/replace broken & obsolete equipment.
Assessment tool kits, stop watches & test kits	550	6	2,750	3,300	x	x						2	Varies assessment tool kits, testing kits and stop watches to update materials and replace broken misc equipment items for the psychology department.
Wechsler Adult Intelligence Scale, 4th ED. (WAS) kit with one scoring assistant report writer	2,560	2	2,750	2,750	x	x						2	Psychology tool for evaluations; replace outdated assessment instruments.
Beck Hopelessness Scale-kit	250	2	2,750	2,750	x	x						2	Psychology tool for predicting suicidal behavior.
Mobile, Automated Vital Sign Equipment	1,800	2	1,800	3,600	x	x						5	Patient Health management & safety.
Pneumofach Calibration Syringe #61030	424	1	424	424	x	x						5	Specialized medical equipment for patient care and safety.
Wall Mounted Tycoos Sphygmomanometer	175	4	350	700	x	x						5	Specialized medical equipment for patient care and safety.
Wall Mounted Welch-Allyn Halogen Otoloscope & Ophthalmoscope	900	4	1,800	3,600	x	x						5	Specialized medical equipment for patient care and safety.
Grand total Medical Diagnosis & Monitoring -		62,200	6,424	68,624									

2013-15 Biennium
M2-CW Essential Equipment

Item	Quantity	FY1	FY2	Total Biennium		Medical/Mental Health Treatment	Patient/Resident Safety	Community Safety	Technological Infrastructure	Furnishings	Active Treatment	Maintenance	Useful Life	Purpose of Equipment/Added Value & Issue if not available
				Medical/Diagnos & Monitoring	Staff Safety									
Patient/Resident Safety														
Two-way radios	600	40	12,000	12,000	24,000		x	x	x	x			5	The 2-way radios permit timely, effective & inexpensive facility-wide communication between staff on wards and/or escorting patients. Replace older radios that do not meet FCC narrow band requirement and unrepairable old radios.
Two-tone pagers	290	50	7,250	7,250	14,500	x							5	Clinical staff and administrative staff, i.e., rehab staff, SW staff, physicians, psychiatrist, nurses are assigned pagers to be available to emergency calls and consultations. Emergency Management plan also requires extra equipment for communication. Replace large quantity of old obsolete/unrepairable pagers.
Battery Maintenance System	778	1	778	778	778	x							15	For charging and discharging, analyzing, conditioning and cycle-testing batteries to cost effectively maintain radio batteries.
Grand total Patient/Resident Safety -			20,028	19,250	39,278									
Staff Safety														
Grand total Staff Safety -														
Community Safety														
Grand total Community Safety -														
Grand total Community Safety -														
Technological Infrastructure														
PYXIS Connect software upgrade	123,000	1	123,000		123,000	x							4	Current software and equipment obsolete by 2014/pharmacy.
17 flat screen monitors	250	8	2,000	2,000	4,000	x							4	Current CRT monitors beyond useful life/pharmacy.
Zebra Label Laser Printers ZM400	1,686	2	3,372	3,372	6,744	x							6	Replace current Dot-Matrix printers (obsolete)/pharmacy.
HAM Radio Base Station	6,000	1	6,000	6,000	6,000	x	x	x					10	Emergency communication contingency for emergency management plan.
Computer Equipment monitors the staff use for patient care	129	80	5,160	5,160	10,320								4	Replace older CRT (Cathode Ray tube) monitors that are beyond useful life are dim and blurry. Need to update to the LCD monitors i.e. flat screen.
Medical Records Dept. Computer Equipment:	2,180	2	4,360		4,360								4	Replace recently failed unit currently only one working tape media backup drive. Need two to back up files. To process the continually increasing requirement for accurate health care information/history. Maintain security requirements and medical records for patient health care.
Computer Equipment: Replace and/or add printers	529	50	13,225	13,225	26,450								4	Replace obsolete equipment and increase ward access to computer usage for daily use for patient care.
Computer Equipment: storage device	3,435	1	3,435	3,435	3,435								5	Increase electronic storage capacity & alleviate present shortage of space.
Computer equipment: update overall server farm capabilities	4,588	2	9,178	9,178	9,178								5	Replace oldest server that is beyond life expectancy.
Laptop computer	1,500	1	1,500		1,500								4	Additional equipment to increase capability for processing patient complaint investigations. A laptop will allow investigator mobility when conducting interviews.
Video Surveillance	1,000	4	2,000	2,000	4,000		x	x					6	Surveillance: safety and security of patients and staff
Grand total Technological Infrastructure -			160,617	38,370	198,987									

**2013-15 Biennium
M2-CW Essential Equipment**

Item	Quantity	Total Price	Medical Treatment	Resident Safety	Staff Safety	Community Safety	Technological Infrastructure	Furnishings	Recreation	Maintenance	Useful Life	Purpose of Equipment/Added Value & Issue if not available	
													Price includes shipping and taxes
2014													
Pickup Truck (used)	15,000	1	15,000								X	20	Replacement of existing equipment that is 25 plus years old and beyond economical repair.
Hammer Drill	350	1	350								X	5	Replace worn equipment beyond service life for due to safety concerns for staff.
Sawstop Cabinet Table Saw w/52" Fence	5,985	1	5,985								X	20	Replace worn equipment beyond service life for due to safety concerns for staff.
Porter Cable Fixed Base Router	191	1	191								X	5	Replace worn equipment beyond service life for due to safety concerns for staff.
Dewalt Cordless Combo Kit	345	2	690								X	5	Replace worn equipment beyond service life for due to safety concerns for staff.
Dewalt Random Orbit Sander	167	2	334								X	5	Replace worn equipment beyond service life for due to safety concerns for staff.
Master Industrial Heat Gun	111	2	222								X	5	Replace failed equipment beyond service life for due to safety concerns for staff.
Makita 4"X24" Best Sander	258	1	258								X	5	Replace worn equipment beyond service life for due to safety concerns for staff.
MK Wet Cut Tile Saw	347	1	347								X	10	To repair tile damage in restrooms and shower areas.
Full-Size 3/4 ton Pickup	30,000	1	30,000								X	20	Replacement of existing equipment that is 20 plus years old and beyond economical repair.
Honda Pressure Washer	300	2	600								X	10	Replacement of existing equipment that is 25 plus years old and beyond economical repair.
Texture Gun & Hopper	125	1	125								X	25	Replace worn and failing equipment.
Half Ton Stepside Pickup	25,000	2	50,000								X	20	Replacement of existing equipment that is 27 plus years old and beyond economical repair.
Express 3500 Van w/Lift	42,000	1	42,000			X					X	8	Replace 1986 Econoline Van which is beyond economical repair. This vehicle is used for dirty laundry pickup twice daily, 7 days a week.
Total Fiscal Year 2014			146,102										
2015													
Full Size Lift Gate Pickup Truck	28,000	1	28,000								X	25	Truck used for hauling refrigerators and large heating and a/c equipment / 1991 Chevrolet license plate #10009 (lift gate leaks by).
2012 SILVERADO LT W/GAS ENGINE	43,829	1	43,829								X	20	Required for effectively supporting vehicle repair shop. Current uses include parts pick up, vehicle towing and recovery and general transportation.

**2013-15 Biennium
M2-CW Essential Equipment**

Item	Quantity	Total Price	Medical Treatment	Resident Safety	Staff Safety	Community Safety	Technological Infrastructure	Furnishings	Recreation	Maintenance	Useful Life	Purpose of Equipment/Added Value & Issue if not available
Full-Size Pickup Truck	30,000	30,000	1								X 10	Replacement of existing equipment that is 28 plus years old and beyond economical repair.
Truck Mounted Crane	65,000	65,000	1								X 20	Required for removing pumps and grinders from manholes safely and effectively.
1 ton Jib Crane	10,000	10,000	1			X					X 30	To move heavy items into and out of the plant. Crane will reduce chance of staff injury.
Total Fiscal Year 2015		176,829										
Biennium Total		322,931										

FY 2014 146,000
 FY 2015 177,000
323,000

**2013-15 Biennium
M2-CW Essential Equipment**

Item	Quantity	Total Price	Eastern State Hospital's Portion		Lakeland's Portion		Medical Diagnosis & Monitoring	Medical Treatment	Resident Safety	Staff Safety	Community Safety	Technological Infrastructure	Furnishings	Recreation	Maintenance	Useful Life	Purpose of Equipment/Added Value & Issue if not available	
			Price Includes shipping and taxes															
2014																		
Toro Lawn Mower	19,000	1	19,000	11,400	7,600						X					X	10	To mow the lawns, keeping the grounds enjoyable for clients and safer from fire hazards.
Line Laser Road Striper	10,500	1	10,500	6,300	4,200				X	X	X					X	20	Replace failing road striper that is used to stripe the roads and parking lots for community safety.
Sedan - 4-Door	25,000	1	25,000	15,000	10,000				X	X	X					X	5	Increase client transportation delivery and community outing needs.
Maintenance Shop Tools & Equipment	25,000	1	25,000	10,760	14,306						X					X	8	To replace worn and failing equipment beyond service life due to staff safety concerns.
HVLP Paint Sprayer	1,200	1	1,200	720	480						X	X	X			X	10	To replace worn out daily used sprayer to minimize VOC's risk to clients and staff.
Total Fiscal Year 2014				44,180	36,586													
2015																		
Agitar Automatic Paint Mixer	9,500	1	9,500	5,700	3,800						X					X	10	To mix the 5 gallon paint containers properly. Currently using large drill and egg beater style bit.
Electrical Meters and Tool Set	3,000	1	3,000	1,800	1,200						X					X	10	Replace obsolete meters, GFCI power centers and replace broken PVC heater.
Full Size Pickup	23,000	2	46,000	27,600	18,400											X	5	Full size pickups are aging at a rapid pace. Need to replace as costs of repairing are going up.
String Tie Machine - Laundry	6,000	1	6,000	6,000								X				X	10	Replace outdated and failing tie machine.
Neet Feat - Laundry	60,000	1	60,000	60,000								X				X	20	Current machine works approximately 50% of the time, repair parts are unavailable for this 1960's model.
Nurse call emergency paging Tx	10,700	1	10,700	10,700								X				X	15	To replace emergency communication system damaged by lightning.
Total Fiscal Year 2015																		
Biennium Total				215,900	111,800	23,400												

FY 2014 44,000 37,000
 FY 2015 112,000 23,000
 156,000 60,000

Department of Social and Health Services

DP Code/Title: M2-CX Restore Funding for ITA & ORCSP
Program Level - 030 Mental Health

Budget Period: 2013-15 Version: C1 030 2013-15 2-YR Agency Req

Recommendation Summary Text:

The Department of Social and Health Services (DSHS), Aging and Disability Services Administration (ADSA), Division of Behavioral Health and Recovery (DBHR), requests \$3,226,000 GF-State in the 2013-15 Biennium to restore funding for Involuntary Treatment Act (ITA) ancillary services and the Offender Re-entry Community Services Program (ORCSP).

Fiscal Detail:

Operating Expenditures

Program 030

001-1 General Fund - Basic Account-State

	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
	1,613,000	1,613,000	3,226,000
Total Cost	1,613,000	1,613,000	3,226,000

Staffing

Package Description:

DBHR proposes to restore a reduction to the ORCSP and ITA programs that was taken in the 2012 Early Legislative Action Supplemental, PSHB 2058, carried into the 2013-15 Biennium. When this reduction was proposed it was not known that an error in processing claims existed in the automated system. This error was corrected July 1, 2011. The under expenditure and savings based on data from the automated system assumed in PSHB 2058 were not realized.

The ORCSP provides mental health treatment and services for mentally ill offenders designated and released from the Department of Corrections (DOC) while adjusting to living in the community. These services are provided through contracts with the Regional Support Networks (RSNs), community mental health providers and protective payees.

Ancillary services for ITA individuals are community-based non-RSN service expenditures such as prescription drugs, durable medical equipment and professional services. DBHR is not seeing a decrease in expenditures for these services.

Agency Contact: Debbie Schaub (360) 902-8177

Program Contact: Kelly Sawka (360) 725-2055

Narrative Justification and Impact Statement

What specific performance outcomes does the agency expect?

DBHR will continue to provide the same level of services in the community for these clients.

Performance Measure Detail

Program: 030

Activity: **C069 Other Community Mental Health Services**

No measures linked to package

Incremental Changes

<u>FY 1</u>	<u>FY 2</u>
0.00	0.00

Activity: **C073 Mental Health Services to Jails - Facilitating Access Services**

No measures linked to package

Incremental Changes

<u>FY 1</u>	<u>FY 2</u>
0.00	0.00

Is this decision package essential to implement a strategy identified in the agency's strategic plan?

Department of Social and Health Services

DP Code/Title: M2-CX Restore Funding for ITA & ORCSP
Program Level - 030 Mental Health

Budget Period: 2013-15 Version: C1 030 2013-15 2-YR Agency Req

This request supports the following goals identified in the DSHS 2013-2015 Strategic Plan:

--Goal 1 Improve the health status of vulnerable populations

Does this decision package provide essential support to one of the Governor's priorities?

This package supports the Governor's priority of access to high-quality, affordable health care for all Washingtonians.

Does this decision package make key contributions to statewide results? Would it rate as a high priority in the Priorities of Government process?

This decision package rates as a high priority in the Priorities of Government (POG) process for the 2013-15 Budget development under the strategy:

Provide for the safety of Washington's vulnerable children and adults

--Provide outpatient services

What are the other important connections or impacts related to this proposal?

ITA ancillary services reduce jail and law enforcement wait times when individuals require civil involuntary commitment services.

The Washington State Institute for Public Policy has conducted studies on the ORCSP program and has concluded that offenders participating in the program are more likely to participate in mental health services, less likely to reoffend, and more likely to be arrested sooner if they do commit new crimes.

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

None

What are the consequences of not funding this package?

If this is not funded, many mentally ill clients will not receive the necessary services they need. More costly consequences, such as expensive state hospital services, court ordered treatments, and increased demand on the DOC system may result.

What is the relationship, if any, to the state's capital budget?

None

What changes would be required to existing statutes, rules, or contracts, in order to implement the change?

None

Expenditure and revenue calculations and assumptions

See attachment: DBHR M2-CX Restore Funding for ITA & ORCSP.xlsx.

Which costs and functions are one-time? Which are ongoing? What are the budget impacts in future biennia?

The restoration of funding is on-going.

Department of Social and Health Services

DP Code/Title: M2-CX Restore Funding for ITA & ORCSP
Program Level - 030 Mental Health

Budget Period: 2013-15 Version: C1 030 2013-15 2-YR Agency Req

<u>Object Detail</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Program 030 Objects			
N Grants, Benefits & Client Services	1,613,000	1,613,000	3,226,000

DSHS Source Code Detail

Program 030		<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Fund 001-1, General Fund - Basic Account-State				
<u>Sources Title</u>				
0011	General Fund State	1,613,000	1,613,000	3,226,000
<i>Total for Fund 001-1</i>		1,613,000	1,613,000	3,226,000
Total Program 030		1,613,000	1,613,000	3,226,000

**2013-15 Biennium
030 M2-CX Restore Funding for ITA & ORCSP**

ORCSP Funding Reduction in 2012 Supplemental

Expenditures					
	FY 2012	FY 2013	FY 2014	FY 2015	Biennial Total
Funding	2,011,000				-
Expected Expenditures	1,661,000				-
Under Spend	350,000				
Reduction Amount	201,000	201,000	201,000	201,000	402,000
<i>Reduction amount was based on expected utilization of ORCSP services in FY 11 and carried forward.</i>					

ITA Ancillary Services Funding Reduction in 2012 Supplemental

Expenditures					
	FY 2012	FY 2013	FY 2014	FY 2015	Biennial Total
G95 State Funding	9,890,000				
Expenditures	8,478,000				-
Reduction Amount	1,412,000	1,412,000	1,412,000	1,412,000	2,824,000
<i>Reduction amount was based on expected under utilization of ITA Ancillary services. The same amount was assumed as a reduction in ensuing fiscal years.</i>					

Restore Reduction in 2013-15 Biennium

	FY 14	FY 15	Biennial Total
ORCSP	201,000	201,000	402,000
ITA Ancillary	1,412,000	1,412,000	2,824,000
Total	1,613,000	1,613,000	3,226,000

Object N 1,613,000 1,613,000 3,226,000

Department of Social and Health Services

DP Code/Title: M2-CZ Hospital Revenue Adjustment
Program Level - 030 Mental Health

Budget Period: 2013-15 Version: C1 030 2013-15 2-YR Agency Req

Recommendation Summary Text:

The Department of Social and Health Services (DSHS), Aging and Disabilities Services Administration (ADSA), Division of Behavioral Health and Recovery (DBHR), requests \$11,368,000 GF-State in the 2013-15 Biennium for an annual adjustment to state hospital revenue for patient contributions including Medicare, private pay and insurance.

Fiscal Detail:

Operating Expenditures

	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Program 030			
001-1 General Fund - Basic Account-State	5,673,000	5,695,000	11,368,000
001-7 General Fund - Basic Account-Private/Local	(1,958,000)	(2,840,000)	(4,798,000)
001-C General Fund - Basic Account-Medicaid Federal	(3,715,000)	(2,855,000)	(6,570,000)
Total Cost	0	0	0

Staffing

Package Description:

Recent state psychiatric hospital revenue projections at Western State, Eastern State and the Child Study Treatment Center are expected to not earn all federal and local revenue necessary to support hospital operations based on current client mix.

Hospital revenue is projected monthly based on a 12-month straight-line trend. Revenue is impacted by changes to federal law or legal decisions. This unpredictability impacts the current projection. Changes in patient's use of insurance, Medicaid, and private pay also impact the projection.

Agency Contact: Debbie Schaub (360) 902-8177
Program Contact: Kelly Sawka (360) 725-2055

Narrative Justification and Impact Statement

What specific performance outcomes does the agency expect?

Washington State psychiatric hospitals will continue to provide institutional-based services at the same operating levels.

Performance Measure Detail

Program: 030

Activity: C063 Mental Health Facilities Services

Outcome Measures

001103 State Hospitals Services

Incremental Changes		
	<u>FY 1</u>	<u>FY 2</u>
	0.00	0.00

Is this decision package essential to implement a strategy identified in the agency's strategic plan?

This request supports the following goals identified in the DSHS 2013-2015 Strategic Plan:

--Goal 1 Improve the health status of vulnerable populations

Does this decision package provide essential support to one of the Governor's priorities?

Department of Social and Health Services

DP Code/Title: M2-CZ Hospital Revenue Adjustment
Program Level - 030 Mental Health

Budget Period: 2013-15 Version: C1 030 2013-15 2-YR Agency Req

This package supports the Governor's priority of strengthening Washington families by protecting and providing for those who can't care for themselves.

Does this decision package make key contributions to statewide results? Would it rate as a high priority in the Priorities of Government process?

This decision package rates as a high priority in the Priorities of Government (POG) process for the 2013-15 Budget development under the strategy:

Improve the health of Washingtonians
--Provide access to quality health care

What are the other important connections or impacts related to this proposal?

None

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

There are no alternatives. Revenue earnings are reviewed monthly and adjustments made in each budget request to realign the appropriated authority to reflect the most current estimated earning levels.

What are the consequences of not funding this package?

If revenue adjustments are not funded, the department would need to reduce services to stay within appropriated levels.

What is the relationship, if any, to the state's capital budget?

None

What changes would be required to existing statutes, rules, or contracts, in order to implement the change?

None

Expenditure and revenue calculations and assumptions

See attachment: DBHR 2-CZ Hospital Revenue Adjustment.xlsx.

Which costs and functions are one-time? Which are ongoing? What are the budget impacts in future biennia?

Hospital revenue is projected monthly based on a 12-month straight-line trend. Revenue is impacted by changes to federal law or legal decisions. This unpredictability impacts the current projection. Changes in patient's use of insurance, Medicaid, and private pay also impact the projection.

Object Detail

FY 1

FY 2

Total

Program Totals

Department of Social and Health Services

DP Code/Title: M2-CZ Hospital Revenue Adjustment

Program Level - 030 Mental Health

Budget Period: 2013-15 Version: C1 030 2013-15 2-YR Agency Req

DSHS Source Code Detail

		<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Program 030				
Fund 001-1, General Fund - Basic Account-State				
<u>Sources Title</u>				
0011	General Fund State	5,673,000	5,695,000	11,368,000
<i>Total for Fund 001-1</i>		<u>5,673,000</u>	<u>5,695,000</u>	<u>11,368,000</u>
Fund 001-7, General Fund - Basic Account-Private/Local				
<u>Sources Title</u>				
5417	Contributions & Grants	(1,958,000)	(2,840,000)	(4,798,000)
<i>Total for Fund 001-7</i>		<u>(1,958,000)</u>	<u>(2,840,000)</u>	<u>(4,798,000)</u>
Fund 001-C, General Fund - Basic Account-Medicaid Federal				
<u>Sources Title</u>				
19TA	Title XIX Assistance (FMAP)	(3,715,000)	(2,855,000)	(6,570,000)
<i>Total for Fund 001-C</i>		<u>(3,715,000)</u>	<u>(2,855,000)</u>	<u>(6,570,000)</u>
Total Program 030		<u>0</u>	<u>0</u>	<u>0</u>

2013-15 Biennium M2-CZ Hospital Revenue Adjustment

FY 2014 Carry Forward Level¹

	FED	LESS DSH	ADJ FED	LOCAL	TOTAL
WSH	49,684,000	(43,702,000)	5,982,000	19,876,000	25,858,000
ESH	23,423,000	(19,634,000)	3,789,000	13,032,000	16,821,000
CSTC	5,638,000	0	5,638,000	5,000	5,643,000
	78,745,000	(63,336,000)	15,409,000	32,913,000	48,322,000

Adjusted Projected Earnings²

	FED	LOCAL	TOTAL
WSH	2,577,000	18,623,000	21,200,000
ESH	3,528,000	12,300,000	15,828,000
CSTC	5,589,000	32,000	5,621,000
	11,694,000	30,955,000	42,649,000

Difference

	FED	LOCAL	TOTAL
WSH	3,405,000	1,253,000	4,658,000
ESH	261,000	732,000	993,000
CSTC	49,000	(27,000)	22,000
	3,715,000	1,958,000	5,673,000

2013-15 Biennium Budget Request (FY 14)

	FED	LOCAL	GF-S
WSH	(3,405,000)	(1,253,000)	4,658,000
ESH	(261,000)	(732,000)	993,000
CSTC	(49,000)	27,000	22,000
	(3,715,000)	(1,958,000)	5,673,000

FY 2015 Carry Forward Level¹

	FED	LESS DSH	ADJ FED	LOCAL	TOTAL
WSH	48,884,000	(43,702,000)	5,182,000	20,044,000	25,226,000
ESH	23,197,000	(19,634,000)	3,563,000	13,746,000	17,309,000
CSTC	5,804,000	0	5,804,000	5,000	5,809,000
	77,885,000	(63,336,000)	14,549,000	33,795,000	48,344,000

Adjusted Projected Earnings²

	FED	LOCAL	TOTAL
WSH	2,577,000	18,623,000	21,200,000
ESH	3,528,000	12,300,000	15,828,000
CSTC	5,589,000	32,000	5,621,000
	11,694,000	30,955,000	42,649,000

Difference

	FED	LOCAL	TOTAL
WSH	2,605,000	1,421,000	4,026,000
ESH	35,000	1,446,000	1,481,000
CSTC	215,000	(27,000)	188,000
	2,855,000	2,840,000	5,695,000

2013-15 Biennium Budget Request (FY 15)

	FED	LOCAL	GF-S
WSH	(2,605,000)	(1,421,000)	4,026,000
ESH	(35,000)	(1,446,000)	1,481,000
CSTC	(215,000)	27,000	188,000
	(2,855,000)	(2,840,000)	5,695,000

2013-15 Biennium Budget Request (Total)

	FED	LOCAL	GF-S
WSH	(6,010,000)	(2,674,000)	8,684,000
ESH	(296,000)	(2,178,000)	2,474,000
CSTC	(264,000)	54,000	210,000
	(6,570,000)	(4,798,000)	11,368,000

Department of Social and Health Services

DP Code/Title: M2-EN ACA-Mandatory Provider Revalidation
Program Level - 030 Mental Health

Budget Period: 2013-15 Version: C1 030 2013-15 2-YR Agency Req

Recommendation Summary Text:

The Department of Social and Health Services (DSHS) is submitting this placeholder request for funds and FTEs to meet new federal requirements as part of the Affordable Care Act (ACA). DSHS is required to revalidate all enrolled providers every five years, complete additional screenings when enrolling new providers, complete site visits during revalidation, and other new requirements.

Fiscal Detail:

Operating Expenditures

FY 1

FY 2

Total

Overall Funding

Program Cost

Total Cost

Staffing

Package Description:

On March 25, 2011, ACA provisions for new provider enrollment screening requirements went into effect for the Medicare and Medicaid programs. A Washington State Plan Amendment outlining the implementation of these requirements was approved by the Centers for Medicare and Medicaid Services (CMS) on May 30, 2012 for implementation in January of 2013. DSHS will need additional staff resources in order to be in compliance with these new requirements. DSHS is still developing provider fee, cost, and staff estimates.

The new requirements include additional federal database checks, specific additional screening requirements based on risk, the collection of additional provider disclosures, fingerprint based criminal background checks on high risk providers, the collection of applications fees as applicable, and coordination of site visits. DSHS is required to revalidate every enrolled provider every five years, with an expectation to revalidate 20 percent each year.

Agency Contact: Edd Giger (360) 902-8067

Narrative Justification and Impact Statement

What specific performance outcomes does the agency expect?

DSHS will be compliant with the new ACA screening requirements that are intended to enhance the provider and supplier enrollment process to improve the integrity of the programs to reduce fraud, waste, and abuse.

It is anticipated that the additional screening measures taken by DSHS will improve the integrity of the Washington Medicaid Program by:

-- Improving DSHS ability to identify and prevent federally and state excluded providers, owners and managers from participating in the Washington Medicaid program through the use of Federal Data Base checks during enrollment and revalidation

-- Additional Federal Data Base checks during enrollment and revalidation and with site visits for moderate risk providers (such as Physical Therapy and Ambulance)

Department of Social and Health Services

DP Code/Title: M2-EN ACA-Mandatory Provider Revalidation
Program Level - 030 Mental Health

Budget Period: 2013-15 Version: C1 030 2013-15 2-YR Agency Req

-- Reduce the possibility of waste, fraud and abuse from high risk providers (such as Durable Medical Equipment and Prosthetic Orthotic) with the addition of site visits and Fingerprint Criminal Background checks during enrollment and revalidations.

Performance Measure Detail

Agency Level

Activity: C017 Community Mental Health Prepaid Health Services

No measures linked to package

Incremental Changes	
<u>FY 1</u>	<u>FY 2</u>
0.00	0.00

Is this decision package essential to implement a strategy identified in the agency's strategic plan?

This request supports the following goals identified in the DSHS 2013-2015 Strategic Plan:

--Goal 1 Improve the health status of vulnerable populations

--Goal 5 Increase public trust through strong management practices that ensure quality and leverage all resources

Does this decision package provide essential support to one of the Governor's priorities?

This package supports the Governor's priority of holding government accountable by focusing on performance and investing our resources to get the greatest possible return.

Does this decision package make key contributions to statewide results? Would it rate as a high priority in the Priorities of Government process?

This decision package rates as a high priority in the Priorities of Government (POG) process for the 2013-15 Budget development under the strategy:

Improve the health of Washingtonians

-- Ensure efficiency, performance, and accountability to clients and the public

-- Provide access to quality health care

What are the other important connections or impacts related to this proposal?

This will impact the Division of Behavioral Health and Recovery - Mental Health (DBHR-MH) and Long Term Care (LTC).

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

Consideration was given to automating some of the processes related to the ACA provider screening requirement. It was determined not to pursue this option due to significant costs for system changes.

What are the consequences of not funding this package?

Not funding this package would place DSHS out of compliance with federal regulations. In addition, non-compliance may result in a missed opportunity to reduce fraud, waste and abuse in the Washington Medicaid program.

What is the relationship, if any, to the state's capital budget?

None

What changes would be required to existing statutes, rules, or contracts, in order to implement the change?

Department of Social and Health Services

DP Code/Title: M2-EP Fiscal Employer Agent
Program Level - 030 Mental Health

Budget Period: 2013-15 Version: C1 030 2013-15 2-YR Agency Req

Recommendation Summary Text:

The Department of Social and Health Services (DSHS) is submitting this placeholder request for operational funding requirements to pay individual providers through a fiscal employer agent. With ProviderOne, all W-2 paid providers will be paid through fiscal employer agent. This change will bring Washington into compliance with Medicaid rules regarding time reporting for W-2 providers and federal financial participation requirements for federal matching funds. This change will improve payment integrity and provide a more flexible payment system for individual providers.

Fiscal Detail:

<u>Operating Expenditures</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Overall Funding			
	<i>Program Cost</i>		
	Total Cost		

Staffing

Package Description:

DSHS has been working on the consolidation of all Medicaid payments to one payment system. Phase 2 will bring social service payments into the ProviderOne system which will greatly improve program integrity through reduced duplicate payments, payments to ineligible providers, and payments to clients. Phase 2 will also provide a system capable of meeting collective bargaining requirements for individual providers and increase the frequency with which they are currently paid from once a month to twice a month. This new system will ensure Washington is compliant with time reporting and Medicaid payment requirements regarding date of service and billing within 15 minute increments. Currently, Washington has incurred a deficiency finding for three consecutive years, 2009, 2010, and 2011 from the State Auditor regarding time reporting for individual providers and there is currently a request from the Office of Inspector General (OIG) to refund more than \$19 million in questioned costs. The current Social Service Payment System does not have the capacity to meet these requirements.

The Phase 2 project was suspended last year pending a decision by the Legislature regarding continued funding. The Legislature reinstated funding for the 2011-13 Biennium only and the goal is now to achieve agency objectives in a shortened time-frame. Accordingly, the department has developed a revised implementation strategy that seeks to implement Phase 2 functionality with Aging and Disability Services Administration (ADSA) providers transitioning to ProviderOne no later than December 31, 2013. Although the implementation strategy has changed, our objectives remain the same:

- Consolidate Medicaid services into a single payment system which includes consolidating data with enhanced reporting and decision support tools
- Enhance payment accuracy and compliance for \$7 billion in annual Medicaid total fund expenditures
- Support a holistic approach to the coordination and delivery of care
- Address Office of Inspector General (OIG) audit findings and provide a modern payment system for Service Employees International Union (SEIU) 775NW members

The revised implementation strategy includes two implementation groups depending on the provider tax type as follows:

- Group 1 - 1099 Providers: Residential facilities, home care agencies and other 1099 providers will be implemented first. The team is working on simplified methods for 1099 providers to request payment from ProviderOne that align with current provider business models.

Department of Social and Health Services

DP Code/Title: M2-EP Fiscal Employer Agent
Program Level - 030 Mental Health

Budget Period: 2013-15 Version: C1 030 2013-15 2-YR Agency Req

-- Group 2 - W-2 Providers: The department will conduct a separate procurement for a Fiscal/Employer Agent (F/EA) to implement a system that meets the requirements of the Collective Bargaining Agreement (CBA) with SEIU 775NW and the OIG. There are several F/EA vendors in the industry experienced with implementing similar systems for Medicaid organizations in the time-frame allotted for Phase 2. The F/EA system and ProviderOne will share data via interfaces as needed to meet business needs.

Moving forward with the F/EA model will help ensure the Department will meet our goal of December 2013 and ensure that this flexible system will have the capacity to meet future CBA requirements in an efficient a manner.

Agency Contact: Edd Giger (360) 902-8067
Program Contact: Bill Moss (360) 725-2311

Narrative Justification and Impact Statement

What specific performance outcomes does the agency expect?

This placeholder request will bring more social services payments into the ProviderOne system. This will improve program integrity through reduced duplicate payments, payments to ineligible providers and payments to clients. This request will also provide a system capable of meeting collective bargaining requirements for Individual Providers and increase the frequency with which they are currently paid from once a month to twice a month. Finally, this request will ensure Washington is compliant with time reporting and Medicaid payment requirements regarding date of service and billing within 15 minute increments.

Performance Measure Detail

Agency Level

Activity: C017 Community Mental Health Prepaid Health Services

No measures linked to package

Incremental Changes	
<u>FY 1</u>	<u>FY 2</u>
0.00	0.00

Activity: C018 Mental Health Services - Non-Medicaid Recipients

No measures linked to package

Incremental Changes	
<u>FY 1</u>	<u>FY 2</u>
0.00	0.00

Is this decision package essential to implement a strategy identified in the agency's strategic plan?

This request supports the following goals identified in the DSHS 2013-2015 Strategic Plan:

--Goal 5 Increase public trust through strong management practices that ensure quality and leverage all resources

Does this decision package provide essential support to one of the Governor's priorities?

This package supports the Governor's priority of holding government accountable by focusing on performance and investing our resources to get the greatest possible return.

Does this decision package make key contributions to statewide results? Would it rate as a high priority in the Priorities of Government process?

This decision package rates as a high priority in the Priorities of Government (POG) process for the 2013-15 Budget development under the strategy:

State government must achieve results through efficient and effective performance

- Provide objective data and information for the public and elected decision makers
- Ensure efficiency, performance, and accountability to the public

Department of Social and Health Services

DP Code/Title: M2-EP Fiscal Employer Agent

Program Level - 030 Mental Health

Budget Period: 2013-15 Version: C1 030 2013-15 2-YR Agency Req

What are the other important connections or impacts related to this proposal?

This request will ensure there is a single source for paying Washington States Consolidated Medicaid services.

This request will also address OIG audit findings and provide a modern payment system for Service Employees International Union (SEIU) 775NW members.

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

DSHS considered not using ProviderOne and instead building a separate Provider Compensation System. This was deemed to be costly and time consuming.

What are the consequences of not funding this package?

If this request is not funded, then DSHS will be out of compliance with CMS time reporting and Medicaid payment requirements regarding date of service and billing within 15 minute increments. The department will not meet the collective bargaining agreement for individual providers and increase the frequency with which they are currently paid from once a month to twice a month.

What is the relationship, if any, to the state's capital budget?

None

What changes would be required to existing statutes, rules, or contracts, in order to implement the change?

None

Expenditure and revenue calculations and assumptions

Estimates are currently under development.

Which costs and functions are one-time? Which are ongoing? What are the budget impacts in future biennia?

Estimates are currently under development.

<u>Object Detail</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Overall Funding			
Program Totals			
<u>DSHS Source Code Detail</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Overall Funding			
Fund ,			
<u>Sources Title</u>			
<i>Total for Fund</i>			
Total Overall Funding			
Totals for all funds			

Department of Social and Health Services

DP Code/Title: M2-FK ACA - Health Care Reform Implement
Program Level - 030 Mental Health

Budget Period: 2013-15 Version: C1 030 2013-15 2-YR Agency Req

Recommendation Summary Text:

The Department of Social and Health Services (DSHS) is submitting this placeholder request to address staffing and program funding adjustments due to modifications for enrollment and eligibility of low income clients for health care as a result of the implementation of the Affordable Care Act (ACA).

Fiscal Detail:

<u>Operating Expenditures</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Overall Funding			
<i>Program Cost</i>			
Total Cost			

Staffing

Package Description:

With the passage of the ACA, states are required to implement a new, simplified methodology to determine Medicaid eligibility. This new methodology is called Modified Adjusted Gross Income (MAGI). It requires states to use, with few exceptions, the federal tax filing rules for determining household composition and countable income for Medicaid. The ACA also requires the MAGI methodology method to be used when determining eligibility for health insurance coverage offered through the Health Benefit Exchange (HBE). The HBE was created as a result of legislation passed in Chapter 87, 2012 Laws (ESSHB 2319). The Exchange is a public-private partnership that will provide another means for citizens to apply for Medicaid benefits.

The streamlining of the Medicaid eligibility process, together with the attention on obtaining health insurance coverage that accompanies implementation of the Affordable Care Act, is expected to increase Medicaid by people who are eligible under current rules but have chosen not to apply. In what is known as the "Welcome Mat" effect, those new enrollees are expected to have non-medical needs and a collateral effect will be an increased demand for other support programs at DSHS.

Agency Contact: Edd Giger (360) 902-8067
Program Contact: Dan Murphy (360) 725-2555

Narrative Justification and Impact Statement

What specific performance outcomes does the agency expect?

DSHS expects an increase in Medicaid clients who are eligible under current rules, but have chosen not to apply.

Performance Measure Detail

Agency Level

Activity: C017 Community Mental Health Prepaid Health Services	Incremental Changes	
No measures linked to package	<u>FY 1</u>	<u>FY 2</u>
	0.00	0.00
Activity: C063 Mental Health Facilities Services	Incremental Changes	
No measures linked to package	<u>FY 1</u>	<u>FY 2</u>
	0.00	0.00

Is this decision package essential to implement a strategy identified in the agency's strategic plan?

Department of Social and Health Services

**DP Code/Title: M2-FK ACA - Health Care Reform Implement
Program Level - 030 Mental Health**

Budget Period: 2013-15 Version: C1 030 2013-15 2-YR Agency Req

This request supports the following goals identified in the DSHS 2013-2015 Strategic Plan:

--Goal 1 Improve the health status of vulnerable populations

Does this decision package provide essential support to one of the Governor's priorities?

This package supports the Governor's priority of access to high-quality, affordable health care for all Washingtonians.

Does this decision package make key contributions to statewide results? Would it rate as a high priority in the Priorities of Government process?

This decision package rates as a high priority in the Priorities of Government (POG) process for the 2013-15 Budget development under the strategy:

State government must achieve results through efficient and effective performance

--Ensure efficiency, performance, and accountability to the public

--Provide access to quality health care

What are the other important connections or impacts related to this proposal?

This placeholder will impact the Health Care Authority (HCA), Economic Services Administration (ESA), and Aging and Disability Services Administration (ADSA) programs; Long Term Care (LTC), Developmental Disabilities Division (DDD), and Division of Behavioral Health and Recovery (DBHR) Mental Health (MH) and Alcohol and Substance Abuse (ASA).

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

No other alternatives were considered.

What are the consequences of not funding this package?

DSHS and HCA would not be able to meet the requirements of the ACA.

What is the relationship, if any, to the state's capital budget?

None

What changes would be required to existing statutes, rules, or contracts, in order to implement the change?

WAC revisions may be necessary for HCA and DSHS.

Expenditure and revenue calculations and assumptions

Estimates are currently under development.

Which costs and functions are one-time? Which are ongoing? What are the budget impacts in future biennia?

Estimates are currently under development.

Department of Social and Health Services

DP Code/Title: M2-KY Transfer between DSHS and HCA
Program Level - 030 Mental Health

Budget Period: 2013-15 Version: C1 030 2013-15 2-YR Agency Req

Recommendation Summary Text:

The Department of Social and Health Services (DSHS) requests a transfer of (8.0) FTEs and (\$836,000) Total Funds, (\$373,000) GF-State, from DSHS to the Health Care Authority (HCA). This would move the remaining FTEs and dollars between DSHS and HCA to complete the Memorandum of Understanding (MOU) between the Medicaid Purchasing Administration (MPA), now HCA and DSHS.

Fiscal Detail:

Operating Expenditures

	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Overall Funding			
001-1 General Fund - Basic Account-State	(92,000)	(92,000)	(184,000)
001-C General Fund - Basic Account-Medicaid Federal	(92,000)	(92,000)	(184,000)
Total Cost	(184,000)	(184,000)	(368,000)

Staffing

	<u>FY 1</u>	<u>FY 2</u>	<u>Annual Avg</u>
Agency FTEs	(2.0)	(2.0)	(2.0)

Package Description:

This request would transfer two Review Judges to HCA from DSHS Administration, five Information Technology Specialists (ITS), one Hearings Attorney and one Secretary Senior from the Division of Behavior Health and Recovery (DBHR). In addition, HCA will transfer one ITS FTE to DBHR.

The DSHS Board of Appeals reviews decisions from the Office of Administrative Hearings and issues the final agency decision or Final Order. A review of the types of cases that are handled by the Board of Appeals determined that two Review Judge positions were handling HCA type cases and the positions should be transferred from DSHS to HCA.

To finalize the MOU between HCA and DBHR, two FTEs (a Hearings Attorney and a Secretary Senior) will be transferred to HCA to support the Evidence Based Practices initiative within HCA. When MPA and DBHR were one agency, there were shared services task split between FTEs. A majority of these FTEs have already been transferred between DBHR and HCA. There remains 5 FTEs in DBHR and 1 FTE in HCA still to be transferred between Agencies

Agency Contact: Edd Giger (360) 902-8067

Program Contact: Bill Jordan (360) 902-8323 and Melissa Clarey (360) 725-1675

Narrative Justification and Impact Statement

What specific performance outcomes does the agency expect?

Costs are reflected in the appropriate Agency, HCA or DSHS, and each Agency maintains an effective administrative operation.

Performance Measure Detail

Agency Level

Activity: C900 Program Support - Mental Health

No measures linked to package

Incremental Changes
<u>FY 1</u> <u>FY 2</u>
0.00 0.00

Is this decision package essential to implement a strategy identified in the agency's strategic plan?

Department of Social and Health Services

DP Code/Title: M2-KY Transfer between DSHS and HCA
Program Level - 030 Mental Health

Budget Period: 2013-15 Version: C1 030 2013-15 2-YR Agency Req

This request supports the following goals identified in the DSHS 2013-2015 Strategic Plan:

--Goal 5 Increase public trust through strong management practices that ensure quality and leverage all resources

Goal 5 Strategic Objective - Implement process improvement activities within the department that promote efficiency, identify and eliminate waste, and improve customer satisfaction.

Does this decision package provide essential support to one of the Governor's priorities?

This package supports the Governor's priority of holding government accountable by focusing on performance and investing our resources to get the greatest possible return.

Does this decision package make key contributions to statewide results? Would it rate as a high priority in the Priorities of Government process?

This decision package rates as a high priority in the Priorities of Government (POG) process for the 2013-15 Budget development under the strategy:

State government must achieve results through efficient and effective performance

- Deliver the efficient use of financial resources to provide public services
- Provide efficient and effective logistical support to deliver services
- Ensure efficiency, performance, and accountability to the public

What are the other important connections or impacts related to this proposal?

None

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

None

What are the consequences of not funding this package?

The funding will continue to be transferred between HCA and DSHS.

What is the relationship, if any, to the state's capital budget?

None

What changes would be required to existing statutes, rules, or contracts, in order to implement the change?

None

Expenditure and revenue calculations and assumptions

See attachment: AW M2-KY Transfer between DSHS and HCA.xlsx.

Which costs and functions are one-time? Which are ongoing? What are the budget impacts in future biennia?

These costs are ongoing and will carry forward in future biennia.

Department of Social and Health Services

DP Code/Title: M2-KY Transfer between DSHS and HCA

Program Level - 030 Mental Health

Budget Period: 2013-15 Version: C1 030 2013-15 2-YR Agency Req

Object Detail

	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Overall Funding			
A Salaries And Wages	(143,000)	(143,000)	(286,000)
B Employee Benefits	(41,000)	(41,000)	(82,000)
Total Objects	(184,000)	(184,000)	(368,000)

DSHS Source Code Detail

	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Overall Funding			
Fund 001-1, General Fund - Basic Account-State			
<u>Sources Title</u>			
0011 General Fund State	(92,000)	(92,000)	(184,000)
<i>Total for Fund 001-1</i>	(92,000)	(92,000)	(184,000)
Fund 001-C, General Fund - Basic Account-Medicaid Federal			
<u>Sources Title</u>			
19UL Title XIX Admin (50%)	(92,000)	(92,000)	(184,000)
<i>Total for Fund 001-C</i>	(92,000)	(92,000)	(184,000)
Total Overall Funding	(184,000)	(184,000)	(368,000)

**2013-15 Biennial Budget
M2-KY Transfer between DSHS and HCA**

Fiscal Year 2014	FTE	State	Federal	Total
DSHS to HCA - Review Judge (110)	(1.0)	(66,000)	(44,000)	(110,000)
DSHS to HCA - Review Judge (110)	(1.0)	(66,000)	(43,000)	(109,000)
Transfer from Alcohol and Substance Abuse to HCA	(4.0)	(184,000)	(184,000)	(368,000)
Transfer from Mental Health to HCA	(3.0)	(134,000)	(134,000)	(268,000)
Transfer from HCA to Mental Health	1.0	42,000	42,000	84,000
Total DSHS to HCA	(9.0)	(450,000)	(405,000)	(855,000)
Total HCA to DSHS	1.0	42,000	42,000	84,000

Fiscal Year 2015	FTE	State	Federal	Total
DSHS to HCA - Review Judge (110)	(1.0)	(66,000)	(44,000)	(110,000)
DSHS to HCA - Review Judge (110)	(1.0)	(66,000)	(43,000)	(109,000)
Transfer from Alcohol and Substance Abuse to HCA	(4.0)	(184,000)	(184,000)	(368,000)
Transfer from Mental Health to HCA	(3.0)	(134,000)	(134,000)	(268,000)
Transfer from HCA to Mental Health	1.0	42,000	42,000	84,000
Total DSHS to HCA	(9.0)	(450,000)	(405,000)	(855,000)
Total HCA to DSHS	1.0	42,000	42,000	84,000

2013-15 Biennium	FTE	State	Federal	Total
Administrative Services (110)	(2.0)	(264,000)	(174,000)	(438,000)
Alcohol and Substance Abuse	(4.0)	(368,000)	(368,000)	(736,000)
Mental Health	(2.0)	(184,000)	(184,000)	(368,000)
Total	(8.0)	(816,000)	(726,000)	(1,542,000)

Department of Social and Health Services

DP Code/Title: M2-WB Federal Funds Technical Adjustment
Program Level - 030 Mental Health

Budget Period: 2013-15 Version: C1 030 2013-15 2-YR Agency Req

Recommendation Summary Text:

The Department of Social and Health Services (DSHS) requests adjustments between types of federal funds, within the current GF-Federal spending authority, to accurately reflect expected types of federal earnings in the 2013-15 Biennium.

Fiscal Detail:

<u>Operating Expenditures</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Program 030			
001-2 General Fund - Basic Account-Federal	(104,000)	0	(104,000)
001-C General Fund - Basic Account-Medicaid Federal	104,000	0	104,000
Total Cost	0	0	0

Staffing

Package Description:

This adjustment realigns federal funds between fund types that DSHS will be able to earn in the 2013-15 Biennium. This decision package nets to zero and impacts programs 010, 030, 050, 060, and 070.

Agency Contact: Jialing Huang (360) 902-7831

Narrative Justification and Impact Statement

What specific performance outcomes does the agency expect?

To align budgeted federal funding sources with projected federal earnings.

Performance Measure Detail

Program: 030

Activity: C017 Community Mental Health Prepaid Health Services

No measures linked to package

Incremental Changes
<u>FY 1</u> <u>FY 2</u>
0.00 0.00

Is this decision package essential to implement a strategy identified in the agency's strategic plan?

This request supports the following goals identified in the DSHS 2013-15 Strategic Plan:

--Goal 5 Increase public trust through strong management practices that ensure quality and leverage all resources

Does this decision package provide essential support to one of the Governor's priorities?

This package supports the Governor's priority of access to high-quality, affordable health care for all Washingtonians.

Does this decision package make key contributions to statewide results? Would it rate as a high priority in the Priorities of Government process?

This decision package rates as a high priority in the Priorities of Government (POG) process for the 2013-15 Budget development under the strategy:

Department of Social and Health Services

**DP Code/Title: M2-WB Federal Funds Technical Adjustment
Program Level - 030 Mental Health**

Budget Period: 2013-15 Version: C1 030 2013-15 2-YR Agency Req

Provide for the safety of Washington's vulnerable children and adults
--Ensure efficiency, performance, and accountability to clients and the public

What are the other important connections or impacts related to this proposal?

This request aligns federal funding sources with projected federal earnings.

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

Not applicable

What are the consequences of not funding this package?

Not realigning federal funds will result in less accurate information on fund sources that will be earned.

What is the relationship, if any, to the state's capital budget?

Not applicable

What changes would be required to existing statutes, rules, or contracts, in order to implement the change?

Not applicable

Expenditure and revenue calculations and assumptions

See attachments: AW M2-WB Federal Funds Technical Adjustment.xls and AW M2-WB Federal Funds Technical Adjustment.docx.

Which costs and functions are one-time? Which are ongoing? What are the budget impacts in future biennia?

The budget impacts will carry forward.

<u>Object Detail</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
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Program Totals

DSHS Source Code Detail

	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Program 030			
Fund 001-2, General Fund - Basic Account-Federal			
<u>Sources</u> <u>Title</u>			
ZZ04 001-2 s/b 001-C 19TA	(104,000)	0	(104,000)
<i>Total for Fund 001-2</i>	(104,000)	0	(104,000)
Fund 001-C, General Fund - Basic Account-Medicaid Federal			
<u>Sources</u> <u>Title</u>			
19TA Title XIX Assistance (FMAP)	104,000	0	104,000
<i>Total for Fund 001-C</i>	104,000	0	104,000
Total Program 030	0	0	0

**2013-15 Biennial Budget
AW M2-WB Federal Funds Technical Adjustment**

Program	Fund Given As	2014	2015
010	001-2	953,000	1,262,000
	001-A	4,970,000	4,942,000
	001-C	36,000	139,000
	001-D	-	(1,000)
030	001-2	104,000	-
050	001-2	786,000	1,079,000
060	001-2	394,000	743,000
		966,000	1,030,000
	001-C	(180,000)	(132,000)
		(48,000)	(95,000)
070	001-2	8,000	6,000
Grand Total		7,989,000	8,973,000

Fund Should Be	2014	2015
001-A	(953,000)	(1,262,000)
001-C	(4,970,000)	(4,942,000)
001-A	(36,000)	(139,000)
001-A	-	1,000
001-C	(104,000)	-
001-C	(786,000)	(1,079,000)
001-A	(394,000)	(743,000)
001-C	(966,000)	(1,030,000)
001-2	180,000	132,000
001-A	48,000	95,000
001-C	(8,000)	(6,000)
Grand Total	(7,989,000)	(8,973,000)

Net Impact of DP	2014	2015
	-	-

2013-15 Biennial Budget M2-WB Federal Funds Technical Adjustment

FEDERAL FUNDS TECHNICAL ADJUSTMENT

M2 – WB

PROGRAM 110 AND 145

As part of the development of the biennial budget for Administration and Supporting Services (Program 110) and Payments to Other Agencies (Program 145), programs 110 & 145 review the federal earnings for each program.

This is done by contacting the DSHS programs concerning the lidded grants that programs 110 & 145 are earning federal revenue on. The amounts of the grants are input into the Lidded Revenue table and the amount of earnings for the next biennium is determined. In addition to the lidded grant revenue programs 110 and 145 also look at the earnings for the entitlement programs, such as Food Stamps, Foster Care, Support Enforcement, Adoption Assistance and Title 19. Once both of these items are completed a comparison of the CFL federal amounts to the projected revenue by revenue source code is made.

The result of this comparison is the need to adjust the federal revenue sources in the Federal Funds Technical Adjustment step M2-WB. The adjustment does not result in an increase nor a decrease in the amount of federal authority for the programs. The following is a summary of the adjustments by program for the 2013-15 Biennium.

PROGRAM 110	FY 14	FY15
001-2	(4,000)	(4,000)
001-A	4,000	4,000
TOTAL	-0-	-0-

PROGRAM 145	FY 14	FY15
001-2	(64,000)	(64,000)
001-A	64,000	64,000
TOTAL	-0-	-0-

Recommendation Summary

Budget Period: 2013-15

Version: C1 - 030 2013-15 2-YR Agency Req

Budget Level Criteria: PL Only

Dollars in Thousands		Program Priority	Annual Avg FTEs	General Fund State	Other Funds	Total Funds
Program 030 - Mental Health						
PL - Performance Level						
CQ	WSH Consultative Treatment Team	0	5.0	1,178	21	1,199
CR	MH High-Profile Patient	0	9.5	1,409	0	1,409
CV	Electronic Medical Record ICD-10	0	0.0	8,033	467	8,500
EQ	ACA - Dual Eligible Clients	0	0.0	0	0	0
ER	ACA - Health Care Reform Expansion	0	0.0	0	0	0
FP	Federal Sequester	0	0.0	0	0	0
PX	Upgrade Network Capacity	0	0.0	68	0	68
PY	Support Wi-Fi in Offices	0	0.0	81	0	81
SubTotal PL			14.5	10,769	488	11,257
Total Proposed PL Only Budget for Program 030 - Mental Health			14.5	10,769	488	11,257

Recommendation Summary Text

CQ - WSH Consultative Treatment Team

(PL) The Department of Social and Health Services (DSHS), Aging and Disability Services Administration (ADSA), Division of Behavioral Health and Recovery (DBHR), requests 5.0 FTEs and \$1,199,000 Total Funds, \$1,178,000 GF-State, in the 2013-15 Biennium for staffing a hospital wide psychiatric consultation and intervention team to co-manage patients with patterns of aggressive or assaultive behavior who do not respond to traditional therapeutic interventions available at Western State Hospital (WSH).

CR - MH High-Profile Patient

(PL) The Department of Social and Health Services (DSHS), Aging and Disability Services Administration (ADSA), Division of Behavioral Health and Recovery (DBHR) requests 9.5 FTEs and \$1,409,000 GF-State, in the 2013-15 Biennium for 24-hour monitoring of a high-profile patient with a high risk of escape and/or injury to himself or others.

CV - Electronic Medical Record ICD-10

(PL) The Department of Social and Health Services (DSHS), Aging and Disability Services Administration (ADSA), requests \$8,500,000 Total Funds, \$8,033,000 GF-State, in the 2013-15 Biennium to plan, procure, and implement the core of a patient centric electronic medical record (EMR) system that is ICD-10 compliant. The World Health Organization's Tenth Revision of the International Classification of Diseases (ICD-10) codes must be implemented by the federally proposed date, October 1, 2014. If an ICD-10 compliant system is not in place, all Medicare, Medicaid, and private insurance billing claims submitted by the agency will be rejected, and revenue recovery claims of \$100 million will be lost.

EQ - ACA - Dual Eligible Clients

(PL) The Department of Social and Health Services (DSHS) is submitting this placeholder request to address staffing and program funding adjustments due to implementation of the Health Path Washington proposal for improved programmatic and financial coordination of Medicare and Medicaid services for people who are eligible for both. The Health Path proposal is Washington's response to an opportunity created by the Affordable Care Act (ACA).

ER - ACA - Health Care Reform Expansion

(PL) The Department of Social and Health Services (DSHS) is submitting this placeholder request to address staffing and program

Recommendation Summary

Budget Period:2013-15

Version: C1 - 030 2013-15 2-YR Agency Req

Budget Level Criteria: PL Only

Dollars in Thousands	Program Priority	Annual Avg FTEs	General Fund State	Other Funds	Total Funds
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ER - ACA - Health Care Reform Expansion

funding adjustments due to expansion of Medicaid eligibility to include people incomes that are at 138 percent of the federal poverty level or less, as allowed by the Affordable Care Act (ACA).

FP - Federal Sequester

(PL) The Department of Social and Health Services (DSHS) requests an increase to GF-State funds and a corresponding decrease in GF-Federal appropriation in anticipation of across-the-board reductions (sequestration) to certain federal awards scheduled to take effect on January 2, 2013.

PX - Upgrade Network Capacity

(PL) The Department of Social and Health Services (DSHS) requests \$780,000 Total Funds, \$456,000 GF-State, in the 2013-15 Biennium. This request will fund upgrades to network capacity at approximately 130 of the 200 DSHS remote field locations, upgrading network circuits from T1 to Ethernet to support capacity demands.

PY - Support Wi-Fi in Offices

(PL) The Department of Social and Health Services (DSHS) requests \$925,000 Total Funds, \$542,000 GF-State, in the 2013-2015 Biennium, to provide DSHS field offices with network connections using digital subscriber lines (DSL) for non-critical mission data traffic. It will also fund a pilot for selected DSHS offices for wireless network assessment, design and implementation.

Department of Social and Health Services

DP Code/Title: PL-CQ WSH Consultative Treatment Team
Program Level - 030 Mental Health

Budget Period: 2013-15 Version: C1 030 2013-15 2-YR Agency Req

Recommendation Summary Text:

The Department of Social and Health Services (DSHS), Aging and Disability Services Administration (ADSA), Division of Behavioral Health and Recovery (DBHR), requests 5.0 FTEs and \$1,199,000 Total Funds, \$1,178,000 GF-State, in the 2013-15 Biennium for staffing a hospital wide psychiatric consultation and intervention team to co-manage patients with patterns of aggressive or assaultive behavior who do not respond to traditional therapeutic interventions available at Western State Hospital (WSH).

Fiscal Detail:

<u>Operating Expenditures</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Program 030			
001-1 General Fund - Basic Account-State	609,000	569,000	1,178,000
001-C General Fund - Basic Account-Medicaid Federal	11,000	10,000	21,000
Total Cost	620,000	579,000	1,199,000

Staffing

	<u>FY 1</u>	<u>FY 2</u>	<u>Annual Avg</u>
Program 030 FTEs	5.0	5.0	5.0

Package Description:

WSH provides evaluation and treatment for 827 adults with mental illness referred to the hospital by the judicial system. Approximately 20 percent of these patients have severe personality disorders that cause them to become aggressive, assaultive, or not responsive to traditional therapeutic interventions provided by core treatment teams. This increases the risk of injuries to staff and to other patients. In Fiscal Year 2012, there were 645 cases of patients assaulting staff and 1,011 cases of patients assaulting other patients. One case resulted in the death of a patient.

Staff filed 109 assault claims with 60 classified as compensable claims in Fiscal Year 2012. These assaults to staff caused 9,107 of lost work hours. At an average salary of \$55 per hour for staff assaulted by patients, these lost work hours cost WSH approximately \$500,000 not including the cost of covering the lost hours with replacement staff. The total cost of replacement staff cannot be identified due to system limitations.

WSH would decrease the number of assaultive injuries to patients and staff by improving the treatment of patients with patterns of assaultive behavior that have been unresponsive to traditional therapeutic interventions. This would be accomplished by establishing a mental health consultative team consisting of a psychiatrist, psychologist, clinical nurse specialist, psychology associate, and occupational therapist. The team would co-manage these patients with the patient's regular treatment team. This best practice is documented in professional literature.

Consultation team members will augment the regular treatment team capabilities by offering additional direct patient care time and treatment, providing second opinions, and developing and mentoring the patient's core treatment team members in standardizing the application of evidence based best practices. This approach maintains the continuity of care with the patient's core care team in the patient's existing environment.

Agency Contact: Debbie Schaub (360 902-8177)
Program Contact: Kelly Sawka (360) 725-2055

Narrative Justification and Impact Statement

What specific performance outcomes does the agency expect?

Department of Social and Health Services

DP Code/Title: PL-CQ WSH Consultative Treatment Team
Program Level - 030 Mental Health

Budget Period: 2013-15 Version: C1 030 2013-15 2-YR Agency Req

One of the WSH core values is safety for staff, patients, and the public. We expect the implementation of this consultation team will:

- reduce severe injuries to staff and patients;
- reduce the use of seclusion and restraints;
- reduce staff sick leave;
- support staff education; and
- standardize adoption of evidence based best practices.

Performance Measure Detail

Program: 030

Activity: C063 Mental Health Facilities Services

Outcome Measures

001103 State Hospitals Services

Incremental Changes

FY 1

FY 2

0.00

0.00

Is this decision package essential to implement a strategy identified in the agency's strategic plan?

This request supports the following goals identified in the DSHS 2013-2015 Strategic Plan:

--Goal 3 Improve individual and public safety

Does this decision package provide essential support to one of the Governor's priorities?

This package supports the Governor's priority of holding government accountable by focusing on performance and investing our resources to get the greatest possible return.

Does this decision package make key contributions to statewide results? Would it rate as a high priority in the Priorities of Government process?

This decision package rates as a high priority in the Priorities of Government (POG) process for the 2013-15 Budget development under the strategy:

Provide for the safety of Washington's vulnerable children and adults

--Provide secure treatment settings

--Ensure efficiency, performance, and accountability to clients and the public

What are the other important connections or impacts related to this proposal?

None

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

WSH considered creating a special unit to treat patients with patterns of assaultive behavior. That approach would be much more expensive and counter-therapeutic for the patients. Evidence based practices support maintaining continuity of care with their regular treatment team in a consistent environment and do not support transitioning patients to and from a unit populated with a concentration of difficult to treat patients

What are the consequences of not funding this package?

WSH will continue to have an environment of higher risk of patient assaults on staff and other patients. Best practices for managing high acuity patients can not be implemented.

Department of Social and Health Services

DP Code/Title: PL-CQ WSH Consultative Treatment Team
Program Level - 030 Mental Health

Budget Period: 2013-15 Version: C1 030 2013-15 2-YR Agency Req

What is the relationship, if any, to the state's capital budget?

None

What changes would be required to existing statutes, rules, or contracts, in order to implement the change?

None

Expenditure and revenue calculations and assumptions

WSH staff FTEs are based on typical staff costs for the described positions.

See attachment: DBHR PL-CQ WSH Consultative Treatment Team.xlsx.

Which costs and functions are one-time? Which are ongoing? What are the budget impacts in future biennia?

All costs are considered ongoing.

<u>Object Detail</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Program 030 Objects			
A Salaries And Wages	449,000	449,000	898,000
B Employee Benefits	85,000	85,000	170,000
E Goods And Services	40,000	40,000	80,000
J Capital Outlays	41,000	0	41,000
T Intra-Agency Reimbursements	5,000	5,000	10,000
Total Objects	620,000	579,000	1,199,000

DSHS Source Code Detail

Program 030		<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Fund 001-1, General Fund - Basic Account-State				
<u>Sources</u>	<u>Title</u>			
0011	General Fund State	609,000	569,000	1,178,000
<i>Total for Fund 001-1</i>		609,000	569,000	1,178,000
Fund 001-C, General Fund - Basic Account-Medicaid Federal				
<u>Sources</u>	<u>Title</u>			
19TA	Title XIX Assistance (FMAP)	11,000	10,000	21,000
<i>Total for Fund 001-C</i>		11,000	10,000	21,000
Total Program 030		620,000	579,000	1,199,000

2013-15 Biennium
PL-CQ WSH Consultative Treatment Team

Object	WSH 030/2000/G92/C063		Total Biennium
	FY 14	FY 15	
FTE	5.0	5.0	5.0
A	449,000	449,000	898,000
B	85,000	85,000	170,000
E	40,000	40,000	80,000
J	41,000	0	41,000
TZ	5,000	5,000	10,000
Total	620,000	579,000	1,199,000

Fund Source	WSH 030/2000/G92/C063		Total Biennium
	FY 14	FY 15	
GF-S - 0011	609,000	569,000	1,178,000
GF-F - 19TA	11,000	10,000	21,000
Local	0	0	0
Total	620,000	579,000	1,199,000

Department of Social and Health Services

DP Code/Title: PL-CR MH High-Profile Patient
Program Level - 030 Mental Health

Budget Period: 2013-15 Version: C1 030 2013-15 2-YR Agency Req

Recommendation Summary Text:

The Department of Social and Health Services (DSHS), Aging and Disability Services Administration (ADSA), Division of Behavioral Health and Recovery (DBHR) requests 9.5 FTEs and \$1,409,000 GF-State, in the 2013-15 Biennium for 24-hour monitoring of a high-profile patient with a high risk of escape and/or injury to himself or others.

Fiscal Detail:

<u>Operating Expenditures</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Overall Funding			
001-1 General Fund - Basic Account-State	733,000	676,000	1,409,000
Total Cost	733,000	676,000	1,409,000

Staffing

	<u>FY 1</u>	<u>FY 2</u>	<u>Annual Avg</u>
Agency FTEs	9.5	9.5	9.5

Package Description:

The Forensic Unit at Western State Hospital (WSH) provides evaluation and treatment for adults referred to the hospital by the judicial system. Based on an October 10, 2009 court decision, WSH received a high-profile patient with a high risk of escape and/or injury to himself or others. To ensure safety for WSH staff, other patients, and the high profile patient, WSH entered into a contract with the Department of Corrections (DOC) to provide 24-hour monitoring of the patient by two DOC correctional officers. The contract includes two DOC officers with 24-hour coverage daily for seven days each week, plus a part-time supervisor and backfill costs for the two officers that must be replaced at DOC. WSH also provides additional clinical staffing for two shifts daily, as well as Security Officer coverage as needed.

WSH would replace the DOC officers with WSH security officers to provide this additional coverage, and would continue to provide one clinical staff member dedicated to monitor this patient on two shifts daily. Additional staffing may be required depending on patient behavior. Total annual estimated cost to replace the DOC contract and to provide additional WSH staffing is \$1,409,000 over the biennium.

WSH had been able to cover current expenditures on behalf of this patient by not hiring staff, deferring equipment replacement and other purchasing deferrals consequentially impacting all of WSH. These are not sustainable options for continuing to provide the levels of treatment and public safety required by this patient. WSH has taken necessary actions to fill over half of the delayed staff vacancies to meet accreditation requirements. The cost of filling these vacant positions and the expenditure of infrastructure improvements assisting in the prevention of patient injuries and suicide for all patients, further reduces the opportunity for WSH to meet the expense of service to this patient within current funding.

Agency Contact: Debbie Schaub (360 902-8177)
Program Contact: Kelly Sawka (360) 725-2055

Narrative Justification and Impact Statement

What specific performance outcomes does the agency expect?

One of the WSH core values is safety for staff, patients, and the public. The extraordinary measures that have been implemented for this patient are deemed necessary to ensure safety of WSH staff, other patients, and the patient himself.

Safety for staff, patients, and the public is a part of the strategic plan for WSH.

Department of Social and Health Services

DP Code/Title: PL-CR MH High-Profile Patient
Program Level - 030 Mental Health

Budget Period: 2013-15 Version: C1 030 2013-15 2-YR Agency Req

Performance Measure Detail

Agency Level

Activity: C063 Mental Health Facilities Services

Incremental Changes

FY 1

FY 2

Outcome Measures

001103 State Hospitals Services

0.00

0.00

Is this decision package essential to implement a strategy identified in the agency's strategic plan?

This request supports the following goals identified in the DSHS 2013-2015 Strategic Plan:

--Goal 3 Improve individual and public safety

Does this decision package provide essential support to one of the Governor's priorities?

This package supports the Governor's priority of holding government accountable by focusing on performance and investing our resources to get the greatest possible return.

This patient is deemed to be an extreme escape risk. For the benefit of the residents of Washington State, this patient must be monitored at all times by security staff with the level of training required for dealing with the risks associated with this high-profile patient.

Does this decision package make key contributions to statewide results? Would it rate as a high priority in the Priorities of Government process?

This decision package rates as a high priority in the Priorities of Government (POG) process for the 2013-15 Budget development under the strategy:

Provide for the safety of Washington's vulnerable children and adults

--Provide secure treatment settings

--Ensure efficiency, performance, and accountability to clients and the public

Public safety is a high priority for statewide leadership. If this patient were not committed by the courts to WSH, he would be confined within the state prison system. The only alternative to providing the type of security measures currently in place at WSH is for the patient to be housed in a correctional facility by court order.

What are the other important connections or impacts related to this proposal?

None

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

The decision to use WSH security staff to replace DOC officers represents a more cost effective alternative than continuing to engage in a contract with DOC for the monitoring of this patient. This decision was made in consultation with DOC and DSHS management. The alternative to using WSH clinical and security staff is to continue contracting with DOC to monitor the patient. The collaborative decision to use WSH security and clinical staff was made to ensure safety of WSH staff and patients, and to decrease the potential of escape by the patient in a more cost effective manner. WSH personnel will receive the requisite training and experience to ensure safety for all.

Department of Social and Health Services

DP Code/Title: PL-CR MH High-Profile Patient
Program Level - 030 Mental Health

Budget Period: 2013-15 Version: C1 030 2013-15 2-YR Agency Req

What are the consequences of not funding this package?

WSH does not have the budget flexibility to manage the cost of the contract internally without making budget reductions that would impact WSH operations. Funding from within WSH budget is not a sustainable option.

What is the relationship, if any, to the state's capital budget?

None

What changes would be required to existing statutes, rules, or contracts, in order to implement the change?

None

Expenditure and revenue calculations and assumptions

WSH staff FTEs are based on assumptions that each FTE will represent 1,867 productive hours after allowing for vacation and holiday time. Based on this assumption, it is estimated that 9.5 Security Officer 2 are needed for safely monitoring this patient.

See Attachment: DBHR PL-CR MH High-Profile Patient.xlsx.

Which costs and functions are one-time? Which are ongoing? What are the budget impacts in future biennia?

All costs are considered ongoing while the patient resides at WSH.

<u>Object Detail</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Overall Funding			
A Salaries And Wages	390,000	390,000	780,000
B Employee Benefits	181,000	181,000	362,000
E Goods And Services	76,000	76,000	152,000
J Capital Outlays	76,000	19,000	95,000
T Intra-Agency Reimbursements	10,000	10,000	20,000
Total Objects	733,000	676,000	1,409,000

DSHS Source Code Detail

<u>Overall Funding</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Fund 001-1, General Fund - Basic Account-State			
<u>Sources Title</u>			
0011 General Fund State	733,000	676,000	1,409,000
Total for Fund 001-1	733,000	676,000	1,409,000
Total Overall Funding	733,000	676,000	1,409,000

**2013-15 Biennium Budget
PL-CR Mental Health High-Profile Patient**

Cost Per FTE		FY 2014	FY 2015
Security Guard 2	FTEs	1.0	1.0
Object			
A	Salaries	41,000	41,000
B	Benefits	19,000	19,000
E	Goods & Services	8,000	8,000
J	Equipment	8,000	2,000
T	ISSD:TZ	1,000	1,000
Total Objects		77,000	71,000

Total Cost for FTE Needed			
Security Guard 2	FTEs	FY 2014	FY 2015
Object		9.5	9.5
A	Salaries	390,000	390,000
B	Benefits	181,000	181,000
E	Goods & Services	76,000	76,000
J	Equipment	76,000	19,000
T	ISSD:TZ	10,000	10,000
Total Objects		733,000	676,000
			9.5
			1,409,000

The funding source is assumed to be GF-S since this patient and services are not Medicaid-eligible.

Department of Social and Health Services

DP Code/Title: PL-CV Electronic Medical Record ICD-10
Program Level - 030 Mental Health

Budget Period: 2013-15 Version: C1 030 2013-15 2-YR Agency Req

Recommendation Summary Text:

The Department of Social and Health Services (DSHS), Aging and Disability Services Administration (ADSA), requests \$8,500,000 Total Funds, \$8,033,000 GF-State, in the 2013-15 Biennium to plan, procure, and implement the core of a patient centric electronic medical record (EMR) system that is ICD-10 compliant. The World Health Organization's Tenth Revision of the International Classification of Diseases (ICD-10) codes must be implemented by the federally proposed date, October 1, 2014. If an ICD-10 compliant system is not in place, all Medicare, Medicaid, and private insurance billing claims submitted by the agency will be rejected, and revenue recovery claims of \$100 million will be lost.

Fiscal Detail:

<u>Operating Expenditures</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Program 030			
001-1 General Fund - Basic Account-State	6,143,000	1,890,000	8,033,000
001-C General Fund - Basic Account-Medicaid Federal	357,000	110,000	467,000
Total Cost	6,500,000	2,000,000	8,500,000

Staffing

Package Description:

This request is for funding to plan and implement a patient centric electronic medical record (EMR) system with integration of a new revenue cycle that is ICD-10 compliant by October 1, 2014 as federally mandated. Modern EMRs have rapidly become the standard of care throughout the healthcare industry, and all major EMR vendors are supporting ICD-10 compliance. While the business need has existed for years, the critical business driver now is to comply with ICD-10 requirements which will substantially impact the state hospital revenue. Purchasing an established system offers the least risk of failure, brings ICD-10 compliance, adds increased features to improve quality care and reduce patient safety risks, and offers a broad basis for ongoing maintenance and vendor support.

This strategy seeks to purchase the core of an electronic medical record system that can meet the unique needs of inpatient psychiatric hospitals and support the billing needs for Western State Hospital, Eastern State Hospital, Child Study and Treatment Center, four Residential Habilitation Centers (RHCs), and Juvenile Rehabilitation Administration facilities.

The primary goals of this request are to:

- implement an ICD-10 compliant electronic medical record system to ensure the state does not lose an estimated \$100 million in annual revenue
- create a sustainable solution for future needs,
- improve patient safety and quality of care with an integrated clinical and administrative functionality,
- comply with federal regulations, Office of Inspector General (OIG) recommendations, HIPAA, and The Joint Commission (TJC) requirements, to ensure continued federal funding.

These changes, while meeting existing requirements, also help to prevent future revenue loss, implement revenue enhancements, and put into place cost reduction and cost avoidance measures. ICD-10 implementation should create more accurate payments, fewer rejected/improper claims, improved disease management and monitoring, and improve patient safety and healthcare outcomes.

Implementation of an integrated core EMR system that is ICD-10 compliant will help to reduce the risk to future non-state hospital revenue but will also integrate documentation of clinical services delivered to the patient with coding and revenue cycle processes resulting in more revenue. This revenue would come from missed billings of professional and ancillary services provided, higher reimbursement rates for patients with multiple diagnosis and conditions, and a reduction of denied claims from missing or poor

Department of Social and Health Services

DP Code/Title: PL-CV Electronic Medical Record ICD-10
Program Level - 030 Mental Health

Budget Period: 2013-15 Version: C1 030 2013-15 2-YR Agency Req

clinical care documentation.

The existing billing process relies on interpretation of hand-written chart notes for coding, and manual data entry and transmission and translation of data among several stand-alone systems with different operating systems. This process does not produce an integrated revenue cycle management function and cannot be ICD-10 compliant. The replacement system would integrate all components of the revenue cycle process to minimize lost charges, manage rejections and denials of submitted claims, and manage accounts receivable.

Agency Contact: Debbie Schaub (360) 902-8177
Program Contact: Kelly Sawka (360) 725-2055
ISSD Contact: Pamela Davis-Taggart (360) 725-2600

Narrative Justification and Impact Statement

What specific performance outcomes does the agency expect?

1. Compliance with federal mandates to institute ICD-10 by October 14, 2014.
2. Uninterrupted billing and payment processes.

Performance Measure Detail

Program: 030

Activity: C063 Mental Health Facilities Services

Outcome Measures

001103 State Hospitals Services

Incremental Changes

FY 1

FY 2

0.00

0.00

Is this decision package essential to implement a strategy identified in the agency's strategic plan?

This request supports the following goals identified in the DSHS 2013-2015 Strategic Plan:

- Goal 1 Improve the health status of vulnerable populations
- Goal 5 Increase public trust through strong management practices that ensure quality and leverage all resources

This request relates to the Aging and Disability Services Administration (ADSA) Strategic Plan Goal 2 Continue efforts to enhance quality of services. Applicable objectives in this goal are to (1) develop programmatic changes necessary to improve service quality, and (2) support quality assurance processes.

Does this decision package provide essential support to one of the Governor's priorities?

This package supports the Governor's priority of holding government accountable by focusing on performance and investing our resources to get the greatest possible return.

This request meets the priorities to "create a health care system that works" by increasing health care quality by utilizing health information technology. This package implements a technology solution that aligns with several of the Office of Chief Information Officer's (OCIO) Strategic Technology Goals and Guiding Principles.

- Secure critical state government services and enable them to continue functioning after a disaster
- Improving accountability and insight into technology investments
- Encourage adoptions of Software-as-a-Service (SaaS) for applications purchased by state agencies as appropriate
- Consolidate where appropriate to drive savings and deliver improved services
- Inventory and plan for replacement of critical legacy IT systems

Department of Social and Health Services

DP Code/Title: PL-CV Electronic Medical Record ICD-10
Program Level - 030 Mental Health

Budget Period: 2013-15 Version: C1 030 2013-15 2-YR Agency Req

Does this decision package make key contributions to statewide results? Would it rate as a high priority in the Priorities of Government process?

This decision package rates as a high priority in the Priorities of Government (POG) process for the 2013-2015 Budget development under the strategy:

State government must achieve results through efficient and effective performance.
--Ensure efficiency, performance, and accountability to the public

In addition, an integrated EMR system will allow DSHS to participate in the state wide efforts to upgrade Health Information Technology as part of the HITECH Act and state health information infrastructure activities.

What are the other important connections or impacts related to this proposal?

None

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

A feasibility study completed to analyze a new solution for the hospitals examined three options:

1. Improve and integrate existing systems - The two main systems in use by the hospitals are Caché (a copy of the Federal Veterans' Administration public domain software) and Residential Program System (RPS), a legacy mainframe billing system. Caché collects demographic patient data - almost no clinical information is available. RPS was not designed for healthcare billing and lacks flexibility. These two systems are not fully integrated and require significant manual reconciliation. In addition, there are no on-going support and maintenance contracts available for these systems.
2. Custom development - This option is expensive and is not supported by the OCIO's Strategic Technology Goals and Guiding Principles
3. Purchase a commercial-off-the-shelf (COTS) product - This option has less risks, tighter system integration and improved service delivery.

Option #3 to purchase a COTS is the best option. Due to compressed time frames for ICD-10, implementing an existing system and modifying the business practices and training around that solution are more likely to be implemented quicker than modifying the existing systems and codes or developing new/non-standard applications.

Previous solution efforts only examined the coding and claim submission tasks of the revenue cycle billing process, and did not address the front end portion of the process which includes hand written clinical documentation in a paper medical record which substantiates the documented care being coded and submitted for payment.

Failure to address the entire clinical documentation and revenue cycle process by leaving the current process in place jeopardizes patient safety, revenue collection, and the effective delivery of quality care.

The partial focus of earlier efforts assumed significant risks in meeting the October 1, 2014 implementation date for ICD-10 compliance, and did not improve the risks and deficiencies in the current business practices. This request focuses on a new approach to achieve ICD-10 compliance through the adoption of a vendor provided core of an integrated EMR system. This approach seeks to minimize the risks of becoming ICD-10 complaint and begins to transition the hospitals from relying on handwritten paper records and builds upon a proven industry solution.

Goals include improving access to patient information, reducing non standardized processes and localized customization, and purchasing Software as a Service (SaaS) from a proven industry vendor. This positions the system for easier adoption of

Department of Social and Health Services

DP Code/Title: PL-CV Electronic Medical Record ICD-10
Program Level - 030 Mental Health

Budget Period: 2013-15 Version: C1 030 2013-15 2-YR Agency Req

future requirements, such as implementation of ICD-10, and provides for reduced maintenance efforts of updating many local installations.

What are the consequences of not funding this package?

Failure to implement ICD-10 codes by October 1, 2014 will result in rejected billings of Medicaid, Medicare, DSH funding, and private insurance that will substantially impact \$100,000,000 in cash flow through the DSHS institutions.

What is the relationship, if any, to the state's capital budget?

None

What changes would be required to existing statutes, rules, or contracts, in order to implement the change?

None

Expenditure and revenue calculations and assumptions

Implementation of a new electronic medical record system should be in place before October 1, 2014. Expenditures for system implementation, equipment, and training will occur during Fiscal Year 2014.

Which costs and functions are one-time? Which are ongoing? What are the budget impacts in future biennia?

The system operation and maintenance costs would be ongoing and impact future biennia. These costs are vendor/user dependent and are unknown at this time.

One-time costs would apply to the implementation of the system, system training, ICD-10 specific training, and some hardware to support the new system.

<u>Object Detail</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Program 030 Objects			
E Goods And Services	6,500,000	2,000,000	8,500,000

DSHS Source Code Detail

Program 030		<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Fund 001-1, General Fund - Basic Account-State				
<u>Sources</u>	<u>Title</u>			
0011	General Fund State	6,143,000	1,890,000	8,033,000
<i>Total for Fund 001-1</i>		6,143,000	1,890,000	8,033,000
Fund 001-C, General Fund - Basic Account-Medicaid Federal				
<u>Sources</u>	<u>Title</u>			
19TA	Title XIX Assistance (FMAP)	357,000	110,000	467,000
<i>Total for Fund 001-C</i>		357,000	110,000	467,000
Total Program 030		6,500,000	2,000,000	8,500,000

Department of Social and Health Services

DP Code/Title: PL-EQ ACA - Dual Eligible Clients
Program Level - 030 Mental Health

Budget Period: 2013-15 Version: C1 030 2013-15 2-YR Agency Req

Recommendation Summary Text:

The Department of Social and Health Services (DSHS) is submitting this placeholder request to address staffing and program funding adjustments due to implementation of the Health Path Washington proposal for improved programmatic and financial coordination of Medicare and Medicaid services for people who are eligible for both. The Health Path proposal is Washington's response to an opportunity created by the Affordable Care Act (ACA).

Fiscal Detail:

<u>Operating Expenditures</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Overall Funding			
	<i>Program Cost</i>		
	Total Cost		

Staffing

Package Description:

ACA created the Federal Coordinated Health Care Office to improve coordination and integration of Medicare and Medicaid services and funding that support individuals who are eligible for both. Washington was one of thirteen states awarded a developmental grant to design an approach that would:

- Decrease fragmentation of service delivery and increase accountability for overall costs and outcomes
- Comprehensively address the needs of people with the greatest degree of illness and functional impairment
- Slow the rate of health care cost increases
- Coordinate medical, mental health, chemical dependency, long term service supports to create better cost and health outcomes
- Allow for any cost savings to be shared between the state and federal government

Washington's resulting proposal, Health Path Washington, presented two strategies for a three-year pilot that is currently under negotiation with federal representatives. They are:

- Strategy One - would implement coordinative health homes for people at high risk to generate high medical costs. Under this strategy, a "health home coordinator" would establish health action plans that would engage clients in better managing their health and health care and allow better coordination of medical, mental health, chemical dependency and long-term services and supports.
- Strategy Two - would transfer medical, mental health, chemical dependency, and long-term services and support funding from the Health Care Authority and DSHS into a single capitation that would be paid to selected health plan providers. These providers would be contractually bound to provide coordinated services to enrolled beneficiaries and to achieve specific health outcomes.

If these strategies are approved, they will require reinvestment of state savings to support the strategies during the pilot period, transfer of funds between DSHS and HCA to provide for funding integration and flexibility, and increased spending and FTE authority to support implementation.

Agency Contact: Edd Giger (360) 902-8067
Program Contact: Dan Murphy (360) 725-2555

Narrative Justification and Impact Statement

Department of Social and Health Services

DP Code/Title: PL-EQ ACA - Dual Eligible Clients
Program Level - 030 Mental Health

Budget Period: 2013-15 Version: C1 030 2013-15 2-YR Agency Req

What specific performance outcomes does the agency expect?

DSHS expects an increase in Medicaid clients who are eligible under current rules, but have chosen not to apply.

Performance Measure Detail

Agency Level

Activity: C017 Community Mental Health Prepaid Health Services

No measures linked to package

Incremental Changes

FY 1

FY 2

0.00

0.00

Incremental Changes

FY 1

FY 2

0.00

0.00

Is this decision package essential to implement a strategy identified in the agency's strategic plan?

This request supports the following goals identified in the DSHS 2013-2015 Strategic Plan:

--Goal 1 Improve the health status of vulnerable populations

Does this decision package provide essential support to one of the Governor's priorities?

This package supports the Governor's priority of access to high-quality, affordable health care for all Washingtonians.

Does this decision package make key contributions to statewide results? Would it rate as a high priority in the Priorities of Government process?

This decision package rates as a high priority in the Priorities of Government (POG) process for the 2013-15 Budget development under the strategy:

State government must achieve results through efficient and effective performance

--Ensure efficiency, performance, and accountability to the public

--Provide access to quality health care

What are the other important connections or impacts related to this proposal?

This placeholder will impact the Health Care Authority (HCA), Economic Services Administration (ESA), and Aging and Disability Services Administration (ADSA) programs; Long Term Care (LTC), Developmental Disabilities Division (DDD), and Division of Behavioral Health and Recovery (DBHR) Mental Health (MH) and Alcohol and Substance Abuse (ASA).

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

No other alternatives were considered.

What are the consequences of not funding this package?

DSHS and HCA would not be able to meet the requirements of the ACA.

What is the relationship, if any, to the state's capital budget?

None

What changes would be required to existing statutes, rules, or contracts, in order to implement the change?

Department of Social and Health Services

DP Code/Title: PL-ER ACA - Health Care Reform Expansion
Program Level - 030 Mental Health

Budget Period: 2013-15 Version: C1 030 2013-15 2-YR Agency Req

Recommendation Summary Text:

The Department of Social and Health Services (DSHS) is submitting this placeholder request to address staffing and program funding adjustments due to expansion of Medicaid eligibility to include people incomes that are at 138 percent of the federal poverty level or less, as allowed by the Affordable Care Act (ACA).

Fiscal Detail:

Operating Expenditures

FY 1

FY 2

Total

Overall Funding

Program Cost

Total Cost

Staffing

Package Description:

ACA creates an option for states to expand Medicaid eligibility for adults with income up to 138 percent of the federal poverty level who are not otherwise categorically eligible for Medicaid or who are not eligible for Medicare. It is expected this newly eligible group would be comprised primarily of childless adults. The cost for this newly eligible group would be fully paid by federal funding through 2016.

HCA and DSHS are currently developing the following estimates of the impacts:

- Medical, mental health, chemical dependency, and long-term caseload impacts
- Impact on per-capita costs in those areas, including impacts from potential changes in benefit package requirements
- Potential savings from refinancing services for current services through waivers and optional Medicaid programs at lower levels of federal match
- Potential savings from refinancing state-only programs that serve individuals who would be newly eligible

The results of that analysis will identify potential costs, necessary investments, necessary funding transfers, and potential areas for reduced state expenditures.

Agency Contact: Edd Giger (360) 902-8067
Program Contact: Dan Murphy (360) 725-2555

Narrative Justification and Impact Statement

What specific performance outcomes does the agency expect?

DSHS expects an increase in Medicaid clients who are eligible under current rules, but have chosen not to apply.

Performance Measure Detail

Agency Level

Activity: C017 Community Mental Health Prepaid Health Services
No measures linked to package

Incremental Changes

FY 1

FY 2

0.00

0.00

Department of Social and Health Services

DP Code/Title: PL-ER ACA - Health Care Reform Expansion
Program Level - 030 Mental Health

Budget Period: 2013-15 Version: C1 030 2013-15 2-YR Agency Req

Activity: C063 Mental Health Facilities Services

No measures linked to package

Incremental Changes	
<u>FY 1</u>	<u>FY 2</u>
0.00	0.00

Is this decision package essential to implement a strategy identified in the agency's strategic plan?

This request supports the following goals identified in the DSHS 2013-2015 Strategic Plan:

--Goal 1 Improve the health status of vulnerable populations

Does this decision package provide essential support to one of the Governor's priorities?

This package supports the Governor's priority of access to high-quality, affordable health care for all Washingtonians.

Does this decision package make key contributions to statewide results? Would it rate as a high priority in the Priorities of Government process?

This decision package rates as a high priority in the Priorities of Government (POG) process for the 2013-15 Budget development under the strategy:

State government must achieve results through efficient and effective performance

--Ensure efficiency, performance, and accountability to the public
--Provide access to quality health care

What are the other important connections or impacts related to this proposal?

The possibility that services provided under several optional or state-funded medical programs could be delivered as a benefit under the expansion and attract more beneficial federal match has motivated review of optional programs for modification or possible elimination. Those include: Medical Care Services, ADATSA, Presumptive SSI, Basic Health, Family Planning, Breast and Cervical Cancer Treatment, Kidney Disease Program, State-only Involuntary Treatment Act funding, Psychiatric Indigent Inpatient Program. While many of the beneficiaries of those programs could receive services under expanded Medicaid, others may not qualify. Analysis is underway to identify any gaps that may be created by potential change or elimination of optional programs. That analysis will inform policy and investment options to address those gaps.

This placeholder will impact the Health Care Authority (HCA), Economic Services Administration (ESA), and Aging and Disability Services Administration (ADSA) programs; Long Term Care (LTC), Developmental Disabilities Division (DDD), and Division of Behavioral Health and Recovery (DBHR) Mental Health (MH) and Alcohol and Substance Abuse (ASA).

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

No other alternatives were considered.

What are the consequences of not funding this package?

DSHS and HCA would not be able to meet the requirements of the ACA.

What is the relationship, if any, to the state's capital budget?

None

What changes would be required to existing statutes, rules, or contracts, in order to implement the change?

Department of Social and Health Services

DP Code/Title: PL-FP Federal Sequester
Program Level - 030 Mental Health

Budget Period: 2013-15 Version: C1 030 2013-15 2-YR Agency Req

Recommendation Summary Text:

The Department of Social and Health Services (DSHS) requests an increase to GF-State funds and a corresponding decrease in GF-Federal appropriation in anticipation of across-the-board reductions (sequestration) to certain federal awards scheduled to take effect on January 2, 2013.

Fiscal Detail:

<u>Operating Expenditures</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Overall Funding			
<i>Program Cost</i>			
Total Cost			

Staffing

Package Description:

DSHS requests an increase in GF-State funds and a corresponding decrease in GF-Federal appropriation in anticipation of across-the-board reductions (sequestration) to certain federal awards scheduled to take effect on January 2, 2013. The Budget Control Act of 2011 (BCA P.L. 112-25) created a Joint Select Committee on Deficit Reduction (JSC) to develop recommendations for reducing the federal budget deficit by at least \$1.2 trillion over 10 years. The work of the JSC did not result in the required deficit reduction, thereby triggering an automatic process to reduce federal spending, known as sequestration. Sequestration results in across-the-board cuts to nonexempt federal discretionary and mandatory spending. Federal awards for the following DSHS programs are expected to be reduced under this sequestration process: Children's Administration, Mental Health, Long Term Care, Economic Services, Alcohol and Substance Abuse, Vocational Rehabilitation, and Administration.

Agency Contact: Dan Winkley (360) 902-8179

Narrative Justification and Impact Statement

What specific performance outcomes does the agency expect?

To maintain the current level of services in programs impacted by sequestration.

Performance Measure Detail

Agency Level

Activity: C069 Other Community Mental Health Services

No measures linked to package

Incremental Changes	
<u>FY 1</u>	<u>FY 2</u>
0.00	0.00

Is this decision package essential to implement a strategy identified in the agency's strategic plan?

This request supports the following goals identified in the DSHS 2013-2015 Strategic Plan:

- Goal 1 Improve the health status of vulnerable populations
- Goal 2 Improve economic stability, employment and self-sufficiency
- Goal 3 Improve individual and public safety

Does this decision package provide essential support to one of the Governor's priorities?

Department of Social and Health Services

DP Code/Title: PL-FP Federal Sequester
Program Level - 030 Mental Health

Budget Period: 2013-15 Version: C1 030 2013-15 2-YR Agency Req

This package supports the Governor's priority of strengthening Washington families by protecting and providing for those who can't care for themselves.

Does this decision package make key contributions to statewide results? Would it rate as a high priority in the Priorities of Government process?

This decision package rates as a high priority in the Priorities of Government (POG) process for the 2013-15 Budget development under the strategies:

Provide for the safety of Washington's vulnerable children and adults
--Provide emergency cash, food, and shelter assistance
--Where necessary, provide institutional-based and outpatient services
--Provide secure treatment settings
--Provide outpatient services

Improve the health of Washingtonians
--Provide institutional-based and outpatient mental health services
--Provide drug and alcohol abuse prevention and treatment services
--Provide access to quality health care

What are the other important connections or impacts related to this proposal?

If this request is not funded, any resulting decrease in DSHS services may result in increased demand for services from other entities such as city and county governments and community-based organizations.

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

None

What are the consequences of not funding this package?

If this request is not funded, then DSHS client services and/or benefits will be reduced or eliminated.

What is the relationship, if any, to the state's capital budget?

None

What changes would be required to existing statutes, rules, or contracts, in order to implement the change?

None

Expenditure and revenue calculations and assumptions

Until the sequestration process is complete, the exact impact to DSHS funding levels is unknown.

Which costs and functions are one-time? Which are ongoing? What are the budget impacts in future biennia?

This sequestration is to generate \$1.2 trillion in savings over the period of Fiscal Year 2013 through 2021. Absent federal legislation eliminating this sequestration, these reductions in federal funding will be ongoing through Fiscal Year 2021.

Department of Social and Health Services

DP Code/Title: PL-PX Upgrade Network Capacity

Program Level - 030 Mental Health

Budget Period: 2013-15 Version: C1 030 2013-15 2-YR Agency Req

Recommendation Summary Text:

The Department of Social and Health Services (DSHS) requests \$780,000 Total Funds, \$456,000 GF-State, in the 2013-15 Biennium. This request will fund upgrades to network capacity at approximately 130 of the 200 DSHS remote field locations, upgrading network circuits from T1 to Ethernet to support capacity demands.

Fiscal Detail:

Operating Expenditures

	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Overall Funding			
001-1 General Fund - Basic Account-State	34,000	34,000	68,000
Total Cost	34,000	34,000	68,000

Staffing

Package Description:

Consolidated Technology Services (CTS) manages the core state network. DSHS manages connections from this core network to local end points located at remote DSHS offices. There are approximately 200 local DSHS sites. DSHS has experienced a 950 percent increase in network traffic over the last five years resulting in over utilization of legacy circuits, which uses T1 technology. This funding will enable replacement of legacy circuits at approximately 65 percent (130 remote field locations) of DSHS' Wide Area Network (WAN) sites. Upgrading the legacy network circuits will address immediate site performance issues and enable DSHS to plan for disaster recovery, cloud computing, and adoption of other leading technologies.

The design of these legacy network circuits were introduced in 1970 and have limited capacity to meet current network demands, e.g., running both critical and non-critical Information Technology (IT) applications on the WAN network. Currently, DSHS locations supported by these types of network circuits are often over utilized resulting in network outages and congestion, e.g., overcrowded data traffic on a network. Agency emerging business requirements are reliant on video and cloud computing services which also require significant network capacity. These locations cannot support these technology solutions without upgrades to the WAN's network circuits.

Telecommunications tariff regulations require the legacy network circuits to have defined local access transport areas (LATA). These LATAs are based on 1970s regional Bell telephone geographical telecommunication service areas. These DSHS legacy network circuits must remain within the originating LATA. The State of Washington has three state geographical LATAs. Currently, CTS aggregates these legacy network circuits for DSHS in each LATA and transports them across LATAs to the WAN's core connection in Olympia. The outcome of the CTS WAN Consolidation Project will remove regional network node sites throughout the state. Once CTS completes the WAN Consolidation Project removing regional network node sites aggregating legacy T1 circuits, CTS will no longer offer that as a service. If state agencies still are using these legacy circuits and need to cross LATAs, the state agencies will need to either aggregate these circuits themselves by procuring additional non tariff type circuits and equipment and managing these circuits in remote locations from Olympia, or hiring an outside vendor to perform this service for the agency. This would significantly increase costs for agencies.

The most up-to-date circuit design option is an Ethernet circuit. This funding will support the upgrade to the Ethernet circuit model. These network upgrades represent a significant increase in network capacity. Ethernet circuits will support both critical and non-critical IT applications running on the WAN network and position the department for new technologies such as cloud computing. Ethernet circuits do not have tariff regulations and can be connected anywhere in the state without restrictions. This upgrade will also facilitate the implementation of a disaster recovery plan for DSHS. The current legacy circuit capacity and design does not have a cost effective disaster recovery option.

The circuit upgrades will be coordinated with CTS and local telecommunication providers. A coordinated and agency-wide

Department of Social and Health Services

DP Code/Title: PL-PX Upgrade Network Capacity
Program Level - 030 Mental Health

Budget Period: 2013-15 Version: C1 030 2013-15 2-YR Agency Req

approach to upgrades (130 offices) will save approximately 50 percent over independent upgrades (single office). Upgrades will complete within the 2013-15 Biennium.

Additionally, these Ethernet circuits will reduce the funding need requests for digital subscriber lines (DSL) in the decision package PL-PY Support Wi-Fi in Offices. PL-PY requests \$723,000 Total Funds in the 2013-15 Biennium for DSL. The DSL funding need will decrease by 80 percent if funding is provided in this package for Ethernet circuit upgrades.

Agency Contact: Tula Habb (360) 902-8182
Program Contact: Cheryl Adams (360) 902-7551

Narrative Justification and Impact Statement

What specific performance outcomes does the agency expect?

DSHS will see increased efficiencies in the following areas:

- Increased network capacity to run newer graphical applications (e.g., video card and 3D).
- Faster network response time for existing business applications resulting in increased staff productivity and improved customer service.
- Lower overall future support costs with additional capacity to converge voice and data network traffic on a single network infrastructure (e.g., the converged networks reduce support and maintenance costs on duplicate network infrastructures).
- Ability to facilitate the implementation of a disaster recovery plan for the DSHS network.
- Capability to use video technologies to increase staff productivity and agency communication.
- Allow future efficiencies with increased capacity to use new cloud based technologies.
- Allow for state agencies sharing buildings to also share network circuits at those locations resulting in future cost savings by eliminating duplicate network circuits to the same buildings for multiple agencies.
- Upgraded Ethernet circuits will provide a scalable growth option adding additional capacity to meet the agency's business requirements.

Performance Measure Detail

Agency Level

Activity: C063 Mental Health Facilities Services
No measures linked to package

Incremental Changes	
<u>FY 1</u>	<u>FY 2</u>
0.00	0.00

Activity: C900 Program Support - Mental Health
No measures linked to package

Incremental Changes	
<u>FY 1</u>	<u>FY 2</u>
0.00	0.00

Is this decision package essential to implement a strategy identified in the agency's strategic plan?

This request supports the following goals identified in the DSHS 2013-2015 Strategic Plan:

- Goal 5 Increase public trust through strong management practices that ensure quality and leverage all resources

Does this decision package provide essential support to one of the Governor's priorities?

This package supports the Governor's priority of holding government accountable by focusing on performance and investing our resources to get the greatest possible return.

Does this decision package make key contributions to statewide results? Would it rate as a high priority in the Priorities of Government process?

Department of Social and Health Services

DP Code/Title: PL-PX Upgrade Network Capacity
Program Level - 030 Mental Health

Budget Period: 2013-15 Version: C1 030 2013-15 2-YR Agency Req

This decision package rates as a high priority in the Priorities of Government (POG) process for the 2013-15 Budget development under the strategy:

Provide for the safety of Washington's vulnerable children and adults
--Ensure efficiency, performance, and accountability to clients and the public

What are the other important connections or impacts related to this proposal?

A separate decision package, PL-PY Support Wi-Fi in Offices, requests \$723,000 Total Funds in the 2013-15 Biennium for digital subscriber lines (DSL). The DSL funding need will decrease by 80 percent if funding is provided in this package for Ethernet circuit upgrades. ("PL-PY" requests funding to move non-critical IT applications off the WAN network to DSL decreasing data congestion for critical IT applications. However, this request upgrades the WAN circuits to Ethernet, which will support data traffic for both critical and non-critical IT applications.)

A coordinated and agency-wide approach to upgrades will save approximately 50 percent over independent upgrades. Vendors will combine fiber installation as a package in areas to facilitate all DSHS offices rather than individually installing fiber as needed if these upgrades are done independently of each other.

Current IT systems will not require modification as a result of this investment. This investment would resolve issues currently faced by users of agency IT systems in field offices. Currently, DSHS staff experience network congestion and service outages due to over utilization of network capacity on these legacy network circuits.

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

Two alternatives were explored:

1. Continue with the current infrastructure.

- The agency's current and near future business requirements will be unmet as more demands and requirements are expected of the network.
- DSHS could potentially pay more for a limited network connection based on CTS network changes to the statewide infrastructure.

2. Implement a coordinated and agency-wide upgrade.

- The shared bandwidth will be consolidated into a more cost effective, expandable resource for all DSHS program areas statewide. This option will allow DSHS to scale the network to fit current demands and allows for cost effective growth as required.
- The DSHS preferred solution is to upgrade approximately 130 legacy network circuits providing a consistent and adequate capacity for current and future business requirements of the network infrastructure. This also immediately resolves existing over utilized network capacity and increases productivity for all DSHS offices.

What are the consequences of not funding this package?

DSHS will face future cost increases in maintaining a legacy technology, e.g., T1 circuits, that are or soon will be non-supported technology. In addition, as more customers migrate away from this outdated technology, the remaining customers will incur increased costs. It will also cost more to support both Ethernet circuits and T1 circuits in a single environment rather than managing a common Ethernet network infrastructure. DSHS' T1 circuits will continue to be over utilized resulting in network outages and congestion.

What is the relationship, if any, to the state's capital budget?

None

Department of Social and Health Services

DP Code/Title: PL-PX Upgrade Network Capacity
Program Level - 030 Mental Health

Budget Period: 2013-15 Version: C1 030 2013-15 2-YR Agency Req

What changes would be required to existing statutes, rules, or contracts, in order to implement the change?

None

Expenditure and revenue calculations and assumptions

See attachment: AW PL-PX Upgrade Network Capacity.xlsx.

Which costs and functions are one-time? Which are ongoing? What are the budget impacts in future biennia?

The funding requested is all one-time funding. This request avoids all future increased annual support costs for legacy network circuits. The future ongoing costs of the upgraded circuits should be the same as the current ongoing costs of the legacy network circuits. This package will also decrease DSL funding in request PL-PY Wi-Fi in Offices by 80 percent. No additional FTEs are required.

<u>Object Detail</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Overall Funding			
E Goods And Services	34,000	34,000	68,000

DSHS Source Code Detail

<u>Overall Funding</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Fund 001-1, General Fund - Basic Account-State			
<u>Sources Title</u>			
0011 General Fund State	34,000	34,000	68,000
<i>Total for Fund 001-1</i>	34,000	34,000	68,000
Total Overall Funding	34,000	34,000	68,000

2013-15 Biennial Budget PL-PX Upgrade Network Capacity

Upgrade 130 Sites from T1 circuits to Ethernet	FY 2014	FY 2015	Total
Build out and installation	\$ 390,000	\$ 390,000	\$ 780,000
- cost includes: site assessment, design, cabling, equipment, installation & service fees.			

Calculations:	Per Site Cost	# of Sites	Total Cost
Average vendor quote for single site build out and installations:	\$ 12,000	130	\$ 1,560,000
Less 50% discount provided by vendor for committing to 130 sites in 2 years:	\$ 6,000		\$ 780,000

DSHS Total	FY 2014	FY 2015	Biennium
State	\$228,000	\$228,000	\$456,000
Other	\$162,000	\$162,000	\$324,000
Total	\$390,000	\$390,000	\$780,000
Program 010 - Children's Administration	FY 2014	FY 2015	Biennium
State	\$31,000	\$31,000	\$62,000
Other	\$33,000	\$33,000	\$66,000
Total	\$64,000	\$64,000	\$128,000
Program 020 - Juvenile Rehabilitation	FY 2014	FY 2015	Biennium
State	\$12,000	\$12,000	\$24,000
Other			\$0
Total	\$12,000	\$12,000	\$24,000
Program 030 - Mental Health	FY 2014	FY 2015	Biennium
State	\$34,000	\$34,000	\$68,000
Other			\$0
Total	\$34,000	\$34,000	\$68,000
Program 040 - Developmental Disabilities	FY 2014	FY 2015	Biennium
State	\$24,000	\$24,000	\$48,000
Other	\$8,000	\$8,000	\$16,000
Total	\$32,000	\$32,000	\$64,000
Program 050 - Long Term Care	FY 2014	FY 2015	Biennium
State	\$23,000	\$23,000	\$46,000
Other	\$23,000	\$23,000	\$46,000
Total	\$46,000	\$46,000	\$92,000
Program 060 - Economic Services Administration	FY 2014	FY 2015	Biennium
State	\$90,000	\$90,000	\$180,000
Other	\$80,000	\$80,000	\$160,000
Total	\$170,000	\$170,000	\$340,000
Program 070 - Alcohol & Substance Abuse	FY 2014	FY 2015	Biennium
State	\$2,000	\$2,000	\$4,000
Other	\$1,000	\$1,000	\$2,000
Total	\$3,000	\$3,000	\$6,000
Program 100 - Division of Vocational Rehabilitation	FY 2014	FY 2015	Biennium
State			\$0
Other	\$14,000	\$14,000	\$28,000
Total	\$14,000	\$14,000	\$28,000
Program 110 - Administration & Supporting Services	FY 2014	FY 2015	Biennium
State	\$6,000	\$6,000	\$12,000
Other	\$3,000	\$3,000	\$6,000
Total	\$9,000	\$9,000	\$18,000
Program 135 - Special Commitment Center	FY 2014	FY 2015	Biennium
State	\$6,000	\$6,000	\$12,000
Other			\$0
Total	\$6,000	\$6,000	\$12,000

Department of Social and Health Services

DP Code/Title: PL-PY Support Wi-Fi in Offices
Program Level - 030 Mental Health

Budget Period: 2013-15 Version: C1 030 2013-15 2-YR Agency Req

Recommendation Summary Text:

The Department of Social and Health Services (DSHS) requests \$925,000 Total Funds, \$542,000 GF-State, in the 2013-2015 Biennium, to provide DSHS field offices with network connections using digital subscriber lines (DSL) for non-critical mission data traffic. It will also fund a pilot for selected DSHS offices for wireless network assessment, design and implementation.

Fiscal Detail:

<u>Operating Expenditures</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Overall Funding			
001-1 General Fund - Basic Account-State	54,000	27,000	81,000
Total Cost	54,000	27,000	81,000

Staffing

Package Description:

DSHS requests funding for DSL circuits and to support implementation of wireless network connections in DSHS field offices. The DSL circuits allow DSHS to transport data from non-critical Information Technology (IT) applications off the Wide Area Network (WAN), which is supported by T1 circuits. The WAN cannot support both critical and non-critical IT applications because of the T1 circuits. Removal of the non-critical IT applications off the WAN will improve performance and decrease network outages. The DSL circuits will support non-critical IT applications and relieve data traffic on the WAN and also support other technologies that will benefit programs like cloud and video.

This package also requests wireless network connectivity in the client offices to avoid future costs of building wiring installations, provide network access for a mobile workforce, provide access to interpreters, and provide network access for clients looking for DSHS services and jobs. The wireless network also relieves data congestion, i.e., overcrowded data traffic on the WAN network, by removing non-mission critical data traffic off the WAN. The DSL and wireless connections will support video technology, which will support agency communications and cost avoidance for time and travel to attend meetings and training.

DSHS will contract with a wireless network provider to complete an assessment for a wireless implementation that will meet both the state's enterprise wireless security and performance requirements. The contract would provide the assessment, design, implementation plan, and a pilot of wireless deployment for selected DSHS offices. Once the pilot is completed, DSHS will have a better understanding of requirements and costs for a completely wireless solution.

Additionally, the DSL funding need will reduce by 80 percent if the Ethernet circuits upgrade is funded in the decision package PL-PX Upgrade Network Capacity. Ethernet circuits will support both critical and non-critical IT applications avoiding network outages and improving performance on the WAN network.

Agency Contact: Tula Habb (360) 902-8182
Program Contact: Cheryl Adams (360) 902-7551

Narrative Justification and Impact Statement

What specific performance outcomes does the agency expect?

This request would increase efficiencies in the following areas:

- The addition of DSL circuits will provide increased network capacity to run video and cloud-based traffic on the Internet to meet program needs for increased use of video meetings and other video based solutions. Cloud computing is economical,

Department of Social and Health Services

DP Code/Title: PL-PY Support Wi-Fi in Offices
Program Level - 030 Mental Health

Budget Period: 2013-15 Version: C1 030 2013-15 2-YR Agency Req

flexible and fast, meets a variety of the agency's business needs and supports the state's technology strategy in adopting cloud technology.

- The removal of traffic from WAN circuits will allow faster network response time for existing business applications (e.g. mission critical systems) resulting in increased staff productivity, improved customer service, and reduction of system unavailability.
- The DSL circuits provide an easily scalable growth option for additional capacity if the business requirements require more capacity in the future.
- Implementation of wireless will avoid future building infrastructure costs to install wiring. Current wiring installing costs average approximately \$400 per wire, while on average, a single wireless access point could service up to 60 work areas.
- Wireless will allow DSHS to have a more mobile workforce with caseworkers being able to connect to the DSHS network from any DSHS building as they travel, creating efficiency for traveling DSHS workers.
- Wireless access in DSHS buildings will increase the ability of DSHS clients to access the Internet increasing their ability to apply for benefits and search for jobs.

Performance Measure Detail

Agency Level

Activity: C063 Mental Health Facilities Services

No measures linked to package

Incremental Changes

FY 1

FY 2

0.00

0.00

Activity: C900 Program Support - Mental Health

No measures linked to package

Incremental Changes

FY 1

FY 2

0.00

0.00

Is this decision package essential to implement a strategy identified in the agency's strategic plan?

This request supports the following goals identified in the DSHS 2013-2015 Strategic Plan:

- Goal 5 Increase public trust through strong management practices that ensure quality and leverage all resources

Does this decision package provide essential support to one of the Governor's priorities?

This package supports the Governor's priority of holding government accountable by focusing on performance and investing our resources to get the greatest possible return.

Does this decision package make key contributions to statewide results? Would it rate as a high priority in the Priorities of Government process?

This decision package rates as a high priority in the Priorities of Government (POG) process for the 2013-15 Budget development under the strategy:

- Provide for the safety of Washington's vulnerable children and adults
- Ensure efficiency, performance, and accountability to clients and the public

Department of Social and Health Services

DP Code/Title: PL-PY Support Wi-Fi in Offices
Program Level - 030 Mental Health

Budget Period: 2013-15 Version: C1 030 2013-15 2-YR Agency Req

What are the other important connections or impacts related to this proposal?

A separate request, PL-PX Upgrade Network Capacity, requests funding for updating T1 circuits to Ethernet, which supports data traffic from both critical and non-critical IT applications. The need for DSL funding in this request will decrease by 80 percent if Ethernet upgrades are funded.

Current IT systems will not require modification as a result of this investment. This investment would resolve issues currently faced by users of agency IT systems in field offices. Currently, DSHS staff experience network congestion resulting in service outages due to over utilization of network capacity on the WAN, which is supported by the limited data capacity of the T1 circuits. The WAN network operations are considered critical and supporting mission critical IT systems. This over utilization of the WAN results in increased system failure. The DSL circuits will minimize the WAN's network outages and over utilization resulting in more reliable, robust, and consistent client service.

Wireless access will give DSHS workers better access to DSHS applications by allowing access anywhere in DSHS buildings and allowing traveling DSHS staff to work in conference rooms and lobbies without creating additional workstations.

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

The available options are:

1. Continue with the current infrastructure. DSHS is unable to meet the agency's current and near future business requirements as more demands and requirements are dependent on the network.
2. Implement the upgrades as proposed. Non-critical network traffic and cloud-based Internet traffic can be offloaded from the DSHS WAN, reducing network congestion and extending the life of current WAN circuits. An enterprise wireless deployment will provide a more cost effective, expandable resource for all DSHS staff as the workforce continues to become more mobile and efficient. This allows DSHS to scale the network to fit current demands and allows for cost effective growth as required.

What are the consequences of not funding this package?

Many new applications are being implemented that will not run on the current system. Video and cloud-based technologies are increasing, which provide cost savings in travel, but the current system cannot take advantage of these technologies.

DSHS staff and clients would be limited to network access without having dedicated workstations or work areas if wireless options are not available. This would minimize any potential gains using mobile devices.

What is the relationship, if any, to the state's capital budget?

Potential future cost avoidance in the wiring installation in conference rooms, lobby areas, and other temporary work areas for a mobile workforce and for DSHS clients. Longer term potential cost avoidance would be savings for building infrastructure wiring in new or completely remodeled buildings.

What changes would be required to existing statutes, rules, or contracts, in order to implement the change?

None

Expenditure and revenue calculations and assumptions

See attachment: AW PL-PY Support Wi-Fi in Offices.xlsx.

Which costs and functions are one-time? Which are ongoing? What are the budget impacts in future biennia?

Department of Social and Health Services

DP Code/Title: PL-PY Support Wi-Fi in Offices
Program Level - 030 Mental Health

Budget Period: 2013-15 Version: C1 030 2013-15 2-YR Agency Req

All work will be provided by a combination of vendor support included in the attached cost detail and will be performed using existing FTEs.

One-time costs: \$202,000 in wireless and \$100,000 DSL equipment costs.
Ongoing costs: \$623,000 per biennia in DSL circuit costs and support.

<u>Object Detail</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Overall Funding			
E Goods And Services	54,000	27,000	81,000

DSHS Source Code Detail

Overall Funding	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Fund 001-1, General Fund - Basic Account-State			
<u>Sources Title</u>			
0011 General Fund State	54,000	27,000	81,000
<i>Total for Fund 001-1</i>	54,000	27,000	81,000
Total Overall Funding	54,000	27,000	81,000

**2013-15 Biennial Budget
PL-PY Support Wi-Fi in Offices**

	FY 2014	FY 2015	Biennium	One-Time / Ongoing	DSL / Wi-Fi
Install Circuits & Wi-Fi Feasibility Pilot					
Equipment					
DSL router/firewall	75,000		75,000	One-time	DSL
Wireless Vendor Package	75,000		75,000	One-time	Wi-Fi
Wireless Access Points	2,000		2,000	One-time	Wi-Fi
Wireless Installation	5,000		5,000	One-time	Wi-Fi
Wireless Controller	8,000		8,000	One-time	Wi-Fi
Wireless Core Controller	100,000		100,000	One-time	Wi-Fi
UPS, Rack, Miscellaneous	2,000		2,000	One-time	DSL
Maintenance	12,000		12,000	One-time	Wi-Fi
Equipment Maintenance	23,000		23,000	One-time	DSL
Circuit Costs & Support	311,000	312,000	623,000	Ongoing	DSL
Total	613,000	312,000	925,000		
DSHS Total	FY 2014	FY 2015	Biennium		
State	\$359,000	\$183,000	\$542,000		
Other	\$254,000	\$129,000	\$383,000		
Total	\$613,000	\$312,000	\$925,000		
Program 010 - Children's Administration	FY 2014	FY 2015	Biennium		
State	\$49,000	\$25,000	\$74,000		
Other	\$52,000	\$26,000	\$78,000		
Total	\$101,000	\$51,000	\$152,000		
Program 020 - Juvenile Rehabilitation	FY 2014	FY 2015	Biennium		
State	\$19,000	\$10,000	\$29,000		
Other			\$0		
Total	\$19,000	\$10,000	\$29,000		
Program 030 - Mental Health	FY 2014	FY 2015	Biennium		
State	\$54,000	\$27,000	\$81,000		
Other			\$0		
Total	\$54,000	\$27,000	\$81,000		
Program 040 - Developmental Disabilities	FY 2014	FY 2015	Biennium		
State	\$38,000	\$19,000	\$57,000		
Other	\$12,000	\$6,000	\$18,000		
Total	\$50,000	\$25,000	\$75,000		
Program 050 - Long Term Care	FY 2014	FY 2015	Biennium		
State	\$36,000	\$19,000	\$55,000		
Other	\$36,000	\$18,000	\$54,000		
Total	\$72,000	\$37,000	\$109,000		
Program 060 - Economic Services Administration	FY 2014	FY 2015	Biennium		
State	\$142,000	\$72,000	\$214,000		
Other	\$125,000	\$64,000	\$189,000		
Total	\$267,000	\$136,000	\$403,000		
Program 070 - Alcohol & Substance Abuse	FY 2014	FY 2015	Biennium		
State	\$3,000	\$2,000	\$5,000		
Other	\$2,000	\$1,000	\$3,000		
Total	\$5,000	\$3,000	\$8,000		
Program 100 - Division of Vocational Rehabilitation	FY 2014	FY 2015	Biennium		
State			\$0		
Other	\$22,000	\$11,000	\$33,000		
Total	\$22,000	\$11,000	\$33,000		
Program 110 - Administration & Supporting Services	FY 2014	FY 2015	Biennium		
State	\$9,000	\$4,000	\$13,000		
Other	\$5,000	\$3,000	\$8,000		
Total	\$14,000	\$7,000	\$21,000		
Program 135 - Special Commitment Center	FY 2014	FY 2015	Biennium		
State	\$9,000	\$5,000	\$14,000		
Other			\$0		
Total	\$9,000	\$5,000	\$14,000		

Special Reports

B9 Revenue Estimate System

Mental Health Division

DSHS Budget Division

Agency Revenues - Details for Program 030

Budget Period: 2013-15

Version: C1 030 2013-15 2-YR Agency Req

Show DP Detail

Program: 030 - Mental Health

Supporting and Non Supporting Revenue

FUND	SOURCE	CODES	DECISION PACKAGE	CURRENT BIENNIUM		ENSUING BIENNIUM		PERFORMANCE LEVEL
				FY 2012	FY 2013	FY 2014	FY 2015	
		SOURCE TITLE						
001-C	778	Title XIX Assistance (FMAP) - 19TA	CL-ZF			99,000	3,174,000	
001-C	778	Title XIX Assistance (FMAP) - 19TA	M1-93			8,418,000	14,094,000	
001-C	778	Title XIX Assistance (FMAP) - 19TA	M2-9T			(22,000)	(117,000)	
001-C	778	Title XIX Assistance (FMAP) - 19TA	M2-CT				3,286,000	
001-C	778	Title XIX Assistance (FMAP) - 19TA	M2-CZ			(3,715,000)	(2,855,000)	
001-C	778	Title XIX Assistance (FMAP) - 19TA	M2-WB			104,000		
001-C	778	Title XIX Assistance (FMAP) - 19TA	PL-CQ					11,000
001-C	778	Title XIX Assistance (FMAP) - 19TA	PL-CV					357,000
		Subtotal for DSHS Source 19TA				284,885,000	289,736,000	299,271,000
001-C	778	Title XIX Admin (75%) - 19UG				1,011,000	1,011,000	1,011,000
001-C	778	Title XIX Admin (50%) - 19UL				2,874,000	5,678,000	2,871,000
001-C	778	Title XIX Admin (50%) - 19UL	CL-ZE				65,000	
001-C	778	Title XIX Admin (50%) - 19UL	CL-ZF			(100,000)	(3,174,000)	
001-C	778	Title XIX Admin (50%) - 19UL	M2-8L			(10,000)	(3,000)	
001-C	778	Title XIX Admin (50%) - 19UL	M2-9T			17,000	10,000	
001-C	778	Title XIX Admin (50%) - 19UL	M2-CU			53,000	47,000	
001-C	778	Title XIX Admin (50%) - 19UL	M2-KY			(92,000)	(92,000)	
							307,799,000	299,639,000
							1,011,000	1,011,000
							5,678,000	2,871,000
							65,000	
							(3,174,000)	
							(3,000)	
							10,000	
							47,000	
							(92,000)	
							307,919,000	307,919,000
							1,011,000	1,011,000
							2,871,000	2,531,000

Agency Revenues - Details for Program 030

Budget Period: 2013-15

Version: C1 030 2013-15 2-YR Agency Req

Program: 030 - Mental Health

Show DP Detail

Supporting and Non Supporting Revenue

FUND	SOURCE	CODES	DECISION PACKAGE	CURRENT BIENNIUM		ENSUING BIENNIUM			
				FY 2012	FY 2013	FY 2014	FY 2015	FY 2014	FY 2015
		SOURCE TITLE		MAINTENANCE LEVEL/ CARRY FORWARD LEVEL			PERFORMANCE LEVEL		
		Subtotal for DSHS Source 19UL		2,874,000	5,678,000	2,871,000	2,531,000	2,871,000	2,531,000
		Subtotal Subsource 778		288,770,000	296,425,000	303,153,000	311,341,000	303,521,000	311,461,000
		Subtotal Source 0393		302,679,000	310,440,000	317,062,000	325,356,000	317,430,000	325,476,000
001	0416	Sale of Property - Other							
001	0416	State & Misc Revenue				6,000	6,000	6,000	6,000
001	0416	State & Misc Revenue	CL-YX			6,000	6,000		
		Subtotal for DSHS Source				6,000	6,000	6,000	6,000
		Subtotal Subsource				6,000	6,000	6,000	6,000
		Subtotal Source 0416				6,000	6,000	6,000	6,000
001	0486	Recov of Prior Exp Authority Exp							
001	0486	State & Misc Revenue				14,000	14,000	14,000	14,000
001	0486	State & Misc Revenue	CL-YX			14,000	14,000		
		Subtotal for DSHS Source				14,000	14,000	14,000	14,000
		Subtotal Subsource				14,000	14,000	14,000	14,000
		Subtotal Source 0486				14,000	14,000	14,000	14,000
001-7	0541	Contributions and Grants							

Agency Revenues - Details for Program 030

Budget Period: 2013-15

Version: C1 030 2013-15 2-YR Agency Req

Show DP Detail

Program: 030 - Mental Health

Supporting and Non Supporting Revenue

FUND	SOURCE	CODES	DECISION PACKAGE	CURRENT BIENNIUM		ENSUING BIENNIUM			PERFORMANCE LEVEL
				FY 2012	FY 2013	FY 2014	FY 2015	FY 2014	
		SOURCE TITLE							
001-7	000	Contributions & Grants - 5417		43,035,000	43,300,000	43,035,000	43,300,000	40,147,000	40,518,000
001-7	000	Contributions & Grants - 5417	CL-ZE			(967,000)	(350,000)		
001-7	000	Contributions & Grants - 5417	M2-9T			37,000	(4,000)		
001-7	000	Contributions & Grants - 5417	M2-CT				412,000		
001-7	000	Contributions & Grants - 5417	M2-CZ			(1,958,000)	(2,840,000)		
		Subtotal for DSHS Source 5417		43,035,000	43,300,000	40,147,000	40,518,000	40,147,000	40,518,000
		Subtotal Subsource 000		43,035,000	43,300,000	40,147,000	40,518,000	40,147,000	40,518,000
		Subtotal Source 0541		43,035,000	43,300,000	40,147,000	40,518,000	40,147,000	40,518,000
		Total Fund 001		345,714,000	353,740,000	357,291,000	365,956,000	357,659,000	366,076,000
		GRAND TOTAL		345,714,000	353,740,000	357,291,000	365,956,000	357,659,000	366,076,000

Special Reports

Federal Funding Estimates

Mental Health Division

DSHS Budget Division

Department of Social and Health Services

Federal Funding Estimates Summary(Maintenance Level) by Program

Version: 11		Federal Fiscal Year (Federal \$)	State Fiscal Year (Federal \$)	State Fiscal Year (State Share \$)
Program: 030 Mental Health				
Health & Human Svc				
93.150	MH H Path (100%)			
	FY 2012	\$1,304,000	\$1,304,000	\$0
	FY 2013	\$1,304,000	\$1,304,000	\$0
	FY 2014	\$1,304,000	\$1,304,000	\$0
	FY 2015	\$1,304,000	\$1,304,000	\$0
93.767	CHIP (CHIP)			
	FY 2012	\$4,111,500	\$4,085,000	\$2,126,983
	FY 2013	\$4,164,500	\$4,191,000	\$2,182,176
	FY 2014	\$4,111,500	\$4,085,000	\$2,118,493
	FY 2015	\$4,191,000	\$4,191,000	\$2,163,814
93.778	T19 Assist (FMAP)			
	FY 2012	\$286,097,750	\$284,885,000	\$272,728,960
	FY 2013	\$292,119,750	\$289,736,000	\$277,372,992
	FY 2014	\$301,403,000	\$299,271,000	\$284,672,404
	FY 2015	\$307,799,000	\$307,799,000	\$291,614,875
93.778	T19 Admin (75%)			
	FY 2012	\$1,011,000	\$1,011,000	\$337,000
	FY 2013	\$1,011,000	\$1,011,000	\$337,000
	FY 2014	\$1,011,000	\$1,011,000	\$337,000
	FY 2015	\$1,011,000	\$1,011,000	\$337,000
93.778	T19 Admin (50%)			
	FY 2012	\$3,575,000	\$2,874,000	\$2,874,000
	FY 2013	\$4,976,250	\$5,678,000	\$5,678,000
	FY 2014	\$2,786,000	\$2,871,000	\$2,871,000
	FY 2015	\$2,531,000	\$2,531,000	\$2,531,000
93.958	Com MH BG (100%)			
	FY 2012	\$8,520,000	\$8,520,000	\$0
	FY 2013	\$8,520,000	\$8,520,000	\$0
	FY 2014	\$8,520,000	\$8,520,000	\$0
	FY 2015	\$8,520,000	\$8,520,000	\$0
93.999	001-2 s/b 001-C 19TA			
	FY 2012	\$0	\$0	\$0
	FY 2013	\$0	\$0	\$0
	FY 2014	\$0	\$0	\$0
	FY 2015	\$0	\$0	\$0
Program 030 Totals:				
	FY 2012	<u>\$304,619,250</u>	<u>\$302,679,000</u>	<u>\$278,066,943</u>
	FY 2013	<u>\$312,095,500</u>	<u>\$310,440,000</u>	<u>\$285,570,168</u>
	FY 2014	<u>\$319,135,500</u>	<u>\$317,062,000</u>	<u>\$289,998,896</u>
	FY 2015	<u>\$325,356,000</u>	<u>\$325,356,000</u>	<u>\$296,646,689</u>
<hr/>				
Report Totals:				
	FY 2012	<u>\$304,619,250</u>	<u>\$302,679,000</u>	<u>\$278,066,943</u>
	FY 2013	<u>\$312,095,500</u>	<u>\$310,440,000</u>	<u>\$285,570,168</u>
	FY 2014	<u>\$319,135,500</u>	<u>\$317,062,000</u>	<u>\$289,998,896</u>
	FY 2015	<u>\$325,356,000</u>	<u>\$325,356,000</u>	<u>\$296,646,689</u>

Special Reports

B10 Local Fund Summary

Mental Health Division

DSHS Budget Division

AGENCY	Code	Title
	300	Dept of Social & Health Services

NON-BUDGETED LOCAL FUND SUMMARY

FUND CODE	FUND NAME	DESCRIPTION	AUTHORITY
512	Institutional Stores Account	A nonappropriated/non-allotted enterprise fund. Administered locally by each agency. Combines funds in the institutions operated by the Department. Monies come from the sale of food.	RCW 43.88.195
651	Institutional Resident's Deposit Account	A non-appropriated/non-allotted agency fund combining the funds held by each institution operated by the Department. The fund holds individual client deposits for their personal use.	RCW 43.88.195
752	Institutional Clearing and Transmittal Account	A non-appropriated/non-allotted agency fund local clearing fund administered by each agency. It accounts for monies received that need to be transferred to the state treasury such as interest on bank accounts, medical insurance reimbursements, etc.	RCW 43.88.195
753	DSHS Child Support Service Account	A non-appropriated/non-allotted expendable trust fund used to account for the collection and distribution of child support payments.	RCW 43.88.195
755	Community Service Office Administrator's Account	A non-appropriated/non-allotted expendable trust fund available to CSO Administrators supported by donations and available for immediate assistance to eligible clients.	RCW 43.88.195
800	Institutional Welfare and Betterment Account	A non-appropriated/non-allotted expendable trust fund maintained by DSHS supported by donations, gifts, bequests, etc. and used for activities for the welfare and betterment of residents.	RCW 43.88.195

Special Reports

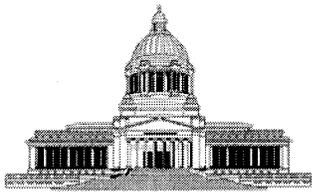
JLARC Audit Responses

Mental Health Division

DSHS Budget Division

**ITA Judicial Costs:
Actual Cost Data
Not Available;
Estimates Suggest
Wide Range in
Average Case Costs
Report 12-5**

July 18, 2012



STATE OF WASHINGTON
JOINT LEGISLATIVE AUDIT AND
REVIEW COMMITTEE

STUDY TEAM
John Bowden
Tracey Elmore
Eric Thomas

PROJECT SUPERVISOR
Valerie Whitener

LEGISLATIVE AUDITOR
Keenan Konopaski

Copies of Final Reports and Digests are
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www.jlarc.leg.wa.gov

or contact

Joint Legislative Audit & Review
Committee
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Involuntary Treatment Act (ITA) Allows Involuntary Civil Commitments

The state Involuntary Treatment Act (ITA) is designed to:

- Prevent inappropriate involuntary commitments of mentally disordered persons;
- Protect clients' rights while providing treatment in a timely manner and in a community-based setting when appropriate; and
- Protect the public safety.

Under this Act, individuals are entitled to a court hearing to determine if a commitment should occur. These hearings are held in county Superior Courts, most frequently in one of the 13 Washington counties that have psychiatric evaluation and treatment (E&T) facilities. The individual may or may not be a resident of the county in which the hearing is held. These counties incur judicial expenses each time they handle an ITA commitment case.

Legislature Creates Reimbursement Process

Legislation in 2011 (Substitute Senate Bill 5531) created a process in which counties can be reimbursed for their actual judicial costs associated with the county-prosecuted ITA cases. Counties can bill their Regional Support Network (RSN). RSNs are responsible for the delivery of mental health services within designated geographic areas. The reimbursement process becomes available July 1, 2012.

The same legislation directed JLARC to:

1. Assess the actual direct costs of providing judicial services for involuntary civil commitments in each county;
2. Review and analyze the reasons for differences in costs among counties; and
3. Identify issues and methods for updating the costs to reflect changes over time.

JLARC Provides Initial Estimates to Start Reimbursements, But Case Cost Data Needs Improvements

Twelve of the 13 counties do not have processes in place to capture the actual ITA expenditure data necessary to calculate average case costs. JLARC used the best possible cost and case number information available to estimate average case costs for each county.

Based on county estimates, the average case costs range from \$282 in Skagit County to \$1,124 in Pierce County.

Case Costs Vary Among Counties Due to a Variety of Factors

Average ITA case costs vary among the counties due to personnel-

related factors and to other judicial services some counties provide. Personnel-related differences include differences in salaries and benefits paid to the county participants in ITA cases (judge or commissioner, public defender, county prosecutor, and county clerk), differences in the number of cases each of these participants handles, and differences in the amount of time each participant spends on ITA cases. Factors that influence the total amount of time spent include the number of times the person appears in court, the mix of different types of ITA hearings that each county handles, and the number of contested cases.

The provision of other judicial services also resulted in variations among the county ITA costs. Some but not all of the counties reported expenditures for other services such as transportation, security, witnesses, and interpreters. These other judicial service expenditures differed due to:

- Different approaches or needs counties have in conducting cases;
- Whether a county reported a cost it has; and
- Whether the county or another entity such as an E&T or RSN paid the cost.

To Comply with Statute, Counties and State Agencies Need to Track and Audit ITA information

From our efforts to gather actual expenditures and ITA case count information and to analyze the estimates provided by the counties, we have two recommendations. We have issued these recommendations so that counties can be accurately reimbursed by RSNs in accordance with statute, and rates can be appropriately updated to reflect changes over time.

Recommendations

Recommendation 1 – By January 1, 2013, the Department of Social and Health Services should report to the appropriate committees of the House and Senate a plan and timeline for implementing the ITA judicial cost reimbursement process under RCW 71.05.730. The report should include what should be done to:

- Determine allowable ITA judicial costs for inclusion in reimbursement rates;
- Establish contract provisions with RSNs that limit ITA judicial cost reimbursements to counties for their actual ITA judicial costs;
- Assure that actual cost data is collected, and reviewed or audited;
- Implement a method for updating rates; and
- Ensure that Maintenance of Effort as required in RCW 71.24.160 is met.

If applicable, DSHS should identify any resource needs, and may wish to comment on any alternate approaches to reimbursing counties for ITA judicial costs.

Recommendation 2 – The Administrative Office of the Courts should, consistent with RCW 2.56.030, take steps to ensure county Superior Courts and County Clerk's Offices are consistently applying the definition of an ITA case contained in RCW 71.05.730.

Pursuing Alternative Methods for Establishing and Updating ITA Reimbursement Rates Would Require Statutory Changes

Complying with statute will require counties and state agencies to take on new tasks to track and confirm actual judicial costs. JLARC has identified some alternative approaches currently used by other programs within the state to establish and update reimbursement rates that may be less resource-intensive to implement than the requirements in current law. However, adoption of any of these alternatives would require a change in statute. The alternatives are described in Appendices 3 and 4.



STATE OF WASHINGTON
 DEPARTMENT OF SOCIAL AND HEALTH SERVICES
 P.O. Box 45010, Olympia, Washington 98504-5010

May 21, 2012

Keenan Konopaski, Legislative Auditor
 Joint Legislative Audit and Review Committee
 1300 Quince St. SE
 Olympia, WA 98504-0910

Dear Mr. Konopaski:

SUBJECT: Review of JLARC’s Preliminary Report, “Involuntary Treatment Judicial Costs”

Thank you for the opportunity to review The Joint Legislative Audit and Review Committee’s (JLARC) preliminary report “Involuntary Treatment Judicial Costs”. Our response to the report’s recommendations is as follows:

RECOMMENDATION	AGENCY POSITION	COMMENTS
Recommendation number one	Concur	
Recommendation number two	Concur	

The Department appreciates JLARC’s work in conducting this study as well as the collegiality of your staff. Should you have any questions regarding our comments, please feel free to contact Chris Imhoff, Director, Division of Behavioral Health and Recovery by telephone at 360-725-3770 or via email at chris.imhoff@dshs.wa.gov.

Sincerely,

Robin Arnold-Williams
 Secretary

cc: MaryAnne Lindeblad, Assistant Secretary, ADSA
 Pat Lashway, Senior Director, OPER
 Kevin Krueger, Chief Risk Officer, DSHS
 Chris Imhoff, Director, DBHR

RECEIVED
 MAY 23 2012
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