



Fully Funding a Comprehensive Behavioral Health System in Washington

Washington continues to be ranked 48th in the Nation in access to mental healthcare by Mental Health America in its [2015 report](#).

Washington's mental health system is a fragmented, crisis-driven system which has been chronically underfunded and continually cut. A world-class, comprehensive mental health care system must include:

- Increasing access to care
- Ensuring adequate funding resources
- Decriminalization of behavioral health conditions
- Prioritizing prevention and early intervention services

Unless we invest in prevention and early intervention and other pre-crisis services, our mental health system will continue to be crisis-driven and thus, less effective and more costly. Studies show that earlier intervention can result in mental health crises of lesser severity and shorter duration from which more surely successful recovery is possible. That can translate to greater use of less costly services and less use of more costly services. The Governor's proposed biennial budget make significant and smart investments in our state's behavioral health system

Statewide Behavioral Health Reform Package

Crisis Walk-in Centers - Funding for two new crisis walk-in centers that allow individuals in mental health crisis to stay up to 23 hours under observation.

Housing and Stepdown Services - Funding for two new housing and recovery services teams.

Mobile Crisis Team - Funding for three additional mobile crisis teams, which provide access to behavioral health professionals with specialized skill sets who can address the needs of individuals in crisis and diffuse a crisis situation before it escalates to a point at which an individual may need to be hospitalized or jailed.

Stepdown Housing - Funding for 60 new community stepdown beds that have 24-hour staffing and include both nursing and rehabilitative therapy.

State-Operated Community Behavioral Health Facilities – Funding for nine 16-bed community behavioral health civil facilities by 2023 that provide acute psychiatric inpatient care in regional settings for civil commitments. The nine new state-operated facilities will be phased-in, with three intended to open the last quarter of Fiscal Year 2019.

SUD Treatment & Peer Support – Funding to continue integration of substance use disorder (SUD) and mental health treatment at state psychiatric hospitals. Six chemical dependency professionals and 15 peer support specialists will improve psychiatric symptoms and functioning, decrease hospitalization, increase housing stability and improve the quality of life for individuals served.

Community Services

Tribal Fee-for-Service Staffing – Funding for 3.0 FTEs to implement an American Indian/Alaska Native (AI/AN) Fee-for Service program which will allow AI/AN individuals to access all Medicaid-funded behavioral health services without being enrolled in a managed care program.

Tribal Behavioral Health E&T Plan - Funding for collaborative work with tribal governments to identify a location on tribal land for the establishment of an Evaluation and Treatment (E&T) facility. The E&T facility will specialize in providing care specifically to AI/AN individuals.

Behavioral Health Integration Transfer – Chapter 225, Laws of 2014 requires the Health Care Authority (HCA) and Department of Social and Health Services (DSHS) to fully integrate physical health care and behavioral health care services to Medicaid clients by January 1, 2020. As part of the second phase of behavioral health integration, all community mental health and substance use disorder programs are transferred from DSHS to HCA, with the exception of the Licensing and Certification Program which will transfer to the Department of Health (DOH). This whole-person approach to care offers better coordinated care and consolidates the payment and delivery of physical and behavioral health services for individuals enrolled in Medicaid, through managed care.

BHO Non-Medicaid Reserves – One-time reduction to Behavioral Health Organization (BHO) non-Medicaid reserves.

State Psychiatric Hospitals

State Hospital Compliance – As a result of entering into a Systems Improvement Agreement with the Center for Medicare and Medicaid Services, DSHS contracted with a consultant to conduct a root cause analysis which identified seven Conditions of Participation. Funding is provided to hire 137 staff to address these root cause issues at the state psychiatric hospitals.

Lakewood Community Policing Program – Full funding for the Lakewood Community Policing Program (CPP), which has reduced calls for police service around Western State Hospital and the surrounding neighborhoods since 2007.

Capital Budget

State-Operated Community Behavioral Health Facilities – \$22.5 million

Capital funding to support establishment of nine 16-bed community behavioral health civil facilities.

Child Study and Treatment Center – Funding for an 18 bed expansion at CSTC.

Western State Hospital – To consolidate and make improvements to the Western State Hospital campus to better treat forensic and civil commitment patients. Preserves facilities, adds treatment and recovery space, and enhances campus safety and security.

Eastern State Hospital - Funding for facility repair and remodel for patient safety and other essential needs.