

**Department of Social and Health Services
Alcohol and Substance Abuse
Recommendation Summary**

Dollars in Thousands	Annual FTEs	General Fund State	Other Funds	Total Funds
2015-17 Estimated Expenditures	85.3	130,446	589,631	720,077
2017-19 Maintenance Level	75.3	174,901	630,322	805,223
Difference from 2015-17	-10.0	44,455	40,691	85,146
% Change from 2015-17	-11.7%	34.1%	6.9%	11.8%
Policy Other Changes:				
1. Prevent Opioid Overdose Death Grant	0.0	0	2,250	2,250
Policy -- Other Total	0.0	0	2,250	2,250
Policy Comp Changes:				
2. State Public Employee Benefits Rate	0.0	127	29	156
3. WFSE General Government	0.0	165	37	202
4. State Represented Emp Benefits Rate	0.0	56	13	69
5. Non-Rep General Wage Increase	0.0	314	71	385
6. Orca Transit Pass-Not WFSE	0.0	2	0	2
Policy -- Comp Total	0.0	664	150	814
Policy Transfer Changes:				
7. BH: Integration Transfer	-75.3	-175,565	-632,722	-808,287
Policy -- Transfer Total	-75.3	-175,565	-632,722	-808,287
Total Policy Changes	-75.3	-174,901	-630,322	-805,223
2017-19 Policy Level	-0.1	0	0	0
Difference from 2015-17	-85.3	-130,446	-589,631	-720,077
% Change from 2015-17	-100.1%	-100.0%	-100.0%	-100.0%

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POLICY CHANGES

1. Prevent Opioid Overdose Death Grant

The Behavioral Health Administration (BHA), Division of Behavioral Health and Recovery has been awarded a federal demonstration grant from the Substance Abuse and Mental Health Services Administration to prevent deaths related to prescription drug and opioid overdose. (General Fund-Federal)

2. State Public Employee Benefits Rate

Health insurance funding is provided for state employees who are not represented by a union, who are covered by a bargaining agreement that is not subject to financial feasibility determination, or who are not part of the coalition of unions for health benefits. The insurance funding rate is \$970 per employee per month for fiscal year 2018 and \$1029 per employee per month for fiscal year 2019. (General Fund-State; General Fund-Federal)

3. WFSE General Government

Funding is provided for a collective bargaining agreement and arbitration award with Washington Federation of State Employees (WFSE), which includes a general wage increase of 2 percent, effective July 1, 2017; a general wage increase of 2 percent, effective July 1, 2018; a general wage increase of 2 percent, effective January 1, 2019; salary adjustments for targeted classifications; a minimum starting wage of \$12 an hour; and changes to vacation leave accruals. Employee insurance included in the agreement is displayed in a separate item. (General Fund-State; General Fund-Federal)

4. State Represented Emp Benefits Rate

This provides health insurance funding as part of the master agreements for employees who bargain as part of the coalition of unions for health benefits. The insurance funding rate is \$970 per employee per month for fiscal year 2018 and \$1029 per employee per month for fiscal year 2019. (General Fund-State; General Fund-Federal)

5. Non-Rep General Wage Increase

Funding is provided for wage increases for state employees who are not represented by a union or who are covered by a bargaining agreement that is not subject to financial feasibility determination. It is sufficient for a general wage increase of 2 percent, effective July 1, 2017; a general wage increase of 2 percent, effective July 1, 2018; and a general wage increase of 2 percent, effective January 1, 2019. This item includes both higher education and general government workers. (General Fund-State; General Fund-Federal)

6. Orca Transit Pass-Not WFSE

This funds transit passes (ORCA cards) for state employees outside of higher education who work in King County, other than those represented by the Washington Federation of State Employees. (General Fund-State)

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7. BH: 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). In total, 161 staff and \$2.6 billion total funds (\$956 million General Fund-State) will move out of DSHS to HCA and 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. (General Fund-State; General Fund-Federal; General Fund-Local; other accounts)